Medical Economics



HE NEST EGG YOU NEED

w much will it take to finance your family's future ether you die prematurely, become disabled, or live retire? It will take at least \$125,000 – and maybe much as \$200,000 – if you have a wife and two chilen, this article says. But watch out! If you lay a sided nest egg, or too large a one, you'll be worse than smart men with small estates... See page 88.

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symptom-free menopause



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therapy that follows nature's course—TACE, unlike any other estroge stores itself in the patient's body fat. Released naturally...slowly, evenly...like hormonal secretion, TACE provides prompt relief of menopausal symptoms plus sustaine symptom-free maintenance because of the unique TACE depot effect.

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Medical Economics

NEWS BRIEFS

M.D.s' FEES ARE MORE OFTEN FAIR, in the worker's eyes, than the cost of other things he buys, a new study of some 300 unionists shows. Among the things they said were more often overpriced than doctors' care: clothing, TV and auto repairs, and food.

HOW WIDESPREAD IS HEALTH INSURANCE NOW? At the end of 1958, an estimated 121,000,000 Americans had some, reports the Health Insurance Institute.

MAR. 2 IS YOUR DEADLINE for filing "information" tax returns on certain special payments you may have made in '58. Among such payments: office rent of \$600 or more paid to a noncorporate landlord; employe payments not subject to withholding tax; lawyers' or accountants' fees of \$600 or more.

G.P.s DIDN'T GET THEIR HOPED-FOR SEAT on the Joint Commission for the Accreditation of Hospitals—the one vacated by the Canadian Medical Association. It's to be given to the A.M.A.

MEDICAL ECONOMICS · FEBRUARY 16, 1959 1

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NEWS BRIEFS

CONGRESS MAY STIFFEN TAX LAWS, the Wall Street Journal reports, by canceling deductions for interest on mortgages and on loans used to pay insurance premiums, and by outlawing the tax savings gained by letting heirs own your life insurance.

M.D. HAS BEEN SPARED A 1-YEAR JAIL TERM because his home town can't do without him. Although he was convicted of evading \$133,255 in income taxes, Dr. Anthony Cincotta of Fulton, N.Y., recently got a suspended sentence when local health officers testified he was "truly indispensable."

\$4,000,000 SUIT has been filed against United Mine Workers officials by Dr. James E. Donnelly of Trinidad, Colo. He charges the medical chief of the U.M.W. welfare fund, Dr. Warren Draper, defamed him in a recent speech. Dr. Donnelly is himself a defendant in a related suit: Two colleagues claim he's helping keep them out of the local medical society because they work for this same fund.

4 VERSIONS OF THE KEOGH BILL (3 by Democrats) have been introduced in this session of the House of Representatives. Each permits a self-employed person to put aside \$2,500 per year in a tax-deferred retirement fund. The bills to watch are: H.R. 10 (Keogh), H.R. 9 (Simpson), H.R. 18 (Anfuso), and H.R. 97 (Fogarty).

2 MEDICAL ECONOMICS · FEBRUARY 16, 1959

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4% PAY HIKE HAS BEEN GRANTED G.P.s in Britain. The British Medical Journal reports that this has boosted their average annual net income to \$6,793.

IF YOUR STOCKS SOARED IN 1958, don't get "dizzy with success" and hold on to them too long, warns one firm of business analysts. The bull market may be nearing a climax, the Prentice-Hall Information Service advises: "After the sensational rises of 1958, many stocks have definitely fulfilled—or overfulfilled—their near-term potential." For '59 it recommends "switching into potential new leaders and special situations."

HOW COLLEGE COSTS ARE CLIMBING is indicated by this report on Ivy League schools: In 1949, their average tuition fee was \$600 per year; this fall at least two will raise their rates above \$1,400.

SURGEONS MAY NO LONGER SHARE with their assistants a fee paid by an insurance carrier, the American College of Surgeons now says. In 1955 the College 0.K.'d "prorating" such insurance fees with assistants "until better methods [of payment are] developed." Now it finds proration "is encouraging both bad surgery and unethical practices. The privileges of assisting at the operation...and of supervising the postoperative care are both becoming inducements in the selection of surgeons."

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NEWS BRIEFS

M.D.s WHO GET MENTAL TREATMENT should have their licenses suspended, believes N.Y. Attorney General Louis Lefkowitz. He's backing a bill to make suspension mandatory for any doctor who's hospitalized more than 60 days for mental illness.

UNCLE SAM'S NOW RESPONSIBLE for providing some or all of the medical care needed by 17% of our population, the latest U.S. Budget Bureau statistics show. Among his 31,000,000 potential dependents: some 3,000,000 servicemen and their families; almost 23,000,000 veterans.

BILLS TO GIVE LABOR A VOICE on the boards of both Blue Shield and Blue Cross in Connecticut have been introduced in that state's legislature, thus making good the A.F.L.-C.I.O.'s recent threat to push for such legislation. The proposed bills require that 25% of each board be representatives of labor, and that another 25% be representatives of other consumer groups.

SOCIALISM IS OVERTAKING OUR HOSPITALS, warns Blue Cross Consultant F. Gordon Davis, in the "insidious...form of proposals for state controls designed to halt the rise of hospital costs." Such proposals may seem "innocuous," he says, but their "effect would be...the turning over of the health economy to a politically susceptible third party."

4 MEDICAL ECONOMICS · FEBRUARY 16, 1959

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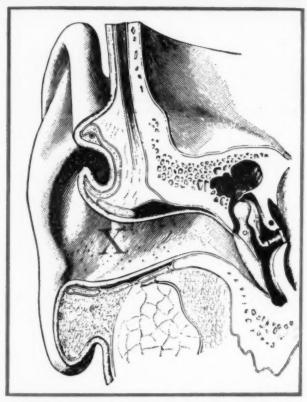
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6 MEDICAL ECONOMICS · FEBRUARY 16, 1959

Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, FEB. 16,1959

CONTENTS

'Sorry, Doctor-You Can't Deduct That!'67

Who says you can't? The Internal Revenue Service, that's who. So steer clear of unorthodox deductions like these. They only bring on T-men and trouble

Cut Blue Shield's Umbilical Cord!72

This doctor resigned as president of his state's Blue Shield because of a dispute over the plan's autonomy. The same problems could occur in any industrial state—perhaps yours

You and your colleagues have a workable code of ethics. Have you ever wished somebody would draw one up for patients too? Well, here's one at last—but will they buy it?

When something goes wrong in the hospital-treatment of patients, the law often holds supervising doctors responsible. This lawyer cites several cases that prove the point

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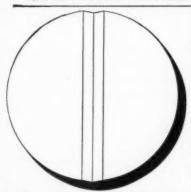
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R MEDICAL ECONOMICS · FEBRUARY 16, 1959

CONTENTS
What Your Aide Won't Tell You
She likes her work—and you, says this observer, but she'd do a better job for you if you did more for her
He Made House Calls at 100
John B. Cummins made his first house call in 1897. He was 100—America's oldest active M.D.—when he made his last
The Nest Egg You Need88
How much will it take to finance your family's future whether you die prematurely, become disabled, or live to retire? If you have a wife and two children, it will take at least \$125,000—maybe as much as \$200,000—this expert says
How Much Time Off for Men in Partnerships? 93
A doctor-partner can often count on four weeks' vacation plus two weeks for medical meetings and refresher courses
Will Your Double Indemnity Pay Double? 102
It may not—if your survivors don't know that their rights don't depend entirely on what your insurance contract says. A lawyer tells you how to explain this to your wife
He Says It's the 'Easiest Billing System Yet' 117
Without machines, this doctor's aide now sends out 300 bills an hour. His collection rate is 99 per cent
What the Doctors of Bloody Harlan Told Me 127
Labor vs. medicine: a first-hand story from the coal fields of what it's like for physicians in the middle
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SUDDENLY

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*Gale, E. T., and Thewlis, M. W.: Geriatrics 8:80, 1953.



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10 MEDICAL ECONOMICS · FEBRUARY 16, 1959

How to Protect Your Investment Profits 151
You can't tell whether a stock will go up or down, but you'll be safe either way if you buy Puts and Calls
Malpractice Suits Should Be Illegal! 171
This lawyer believes they can be abolished by setting up a system of medical justice outside the courtroom—a system that would ensure fair play for the injured patient without roughing up the responsible physician
The Doctor's Wife as a Practice Builder 183
How can she be most helpful? Can she also be harmful? Here are answers drawn from a survey of the wives themselves
Referring a Patient? Tell Him This First 207
If he doesn't understand the reasons for the consultation and the probable cost, you may get the blame
Must You Pay for Your Kids' Damage? 212
In general, you aren't legally liable for their capers (unless you yourself were a party to the act). But here's why you'd better not be too complacent about it
Can You Answer These Tax Questions? 218
Check your answers against the correct ones. They'll help you spot the income tax deductions you have coming to you
Thoughts While Reading a Book on Abortion 239
When is an abortion justified? Confronted by a variety of newly published facts and 'authoritative' opinions, this doc-

tor asks some searching questions of his own

11

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Coodley, E. Clin. Med. 4:1509, Dec. 1957



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How to Get Along With Difficult Patients 257

Those who don't cooperate are usually suffering from hidden fear, says this doctor. When you recognize it and root it out, they become very much easier to handle

NEWS

Doctor's Gift Ends Up Costing Son Plenty
Here's What Stock Averages Won't Tell You
'Hospital Admission Fees' Draw Doctors' Criticism 30
What to Do if the Patient Forbids a Transfusion32
Compare Your Aide's Pay With These Averages 36
'Hospitals Shouldn't Hold Patients for Ransom' 36
Court Says Lawmakers Didn't Mean Sex38
'We Need M.D.s and We'll Pay,' Say TV Admen38
M.D.'s Effort to Stay in the Swim Takes Its Toll
Coming: Medical Journals to Fit Your Pocket?
M.D.s' Advertising Code Is Unethical, Editor Claims 42
Six Nations Plan to Offer Reciprocal Licenses
Doctor-to-Doctor Report on Patient Brings Libel Suit 46
M.D. Takes Residency, Keeps Status as Totally Disabled 51
Day Book Fails as Defense in \$170,000 Tax Suit 52
Auto Rental Advice: Ask About a Return Allowance 54
Tyrone Power Didn't Heed Eye Bank's Requirement 54
Blue Cross Tells Competition, 'Don't Misrepresent Us!' 58

OTHER DEPARTMENTS

News	Briefs	 1	Editors'	Memo	304
Letter	w i	 17			



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16 MEDICAL ECONOMICS · FEBRUARY 16, 1959

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Letters

Invitations to Sue?

As reported in MEDICAL ECONOMICS, Psychologist Richard Blum thinks doctors might deter malpractice actions in certain cases by not sending bills; by indicating that they're sorry for poor results; by offering to pay for necessary extra medical care; and by showing a sense of guilt. But wouldn't these four actions simply invite suit by seeming to acknowledge negligence?

> B. C. Smith, M.D. New York, N. Y.

Surgeons Are Doctors Too

SIRS: Regarding the recent articles and letters on whether the surgeon or the family doctor should handle the patient's postoperative care: Physicians should realize that surgeons are surgical doctors, not mere surgical technicians. Some physicians order a major surgical operation from a surgeon as they do a c.b.c. from a laboratory technician.

· I'm afraid Dr. Erich Weis is misinformed when he states in his article that "the problems of postoperative care are mostly problems of disturbed respiratory and vascular physiology." This is only a

small part of the picture. As important as the operation itself are answers to such questions as when, what, and how fast to feed the patient. The healing of the wound depends on problems like these; and they're best solved by the operating surgeon.

An operation doesn't begin with an incision and end with closure of the wound. It begins with a complete evaluation of the surgical patient, and it ends when the patient has achieved maximum surgical benefit. If only for medicolegal reasons, the surgeon should handle postoperative care.

M.D., California

Tax Savings Wrong?

SIRS: Your articles on "Year-End Tax Tactics" encouraged us to sell our birthright for a mess of pottage. We have had an honorable profession. But where's the honor if we bunch, shift, juggle, etc.?

> K. H. Savers, M.D. Indiana, Pa.

The Internal Revenue Service has often said that no one owes an obligation to pay higher taxes than the minimum required by law. This magazine's tax-saving suggestions

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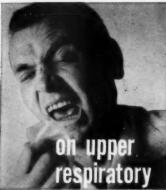
References: I. Gamble, C. J.: "Diffusion Spermicidal Times of Commercial Contraceptive Jellies and Creams Secured in 1936," Am. Pract. & Digest Treat. Contraceptive Jellies and Creams Secured in 1936," Am. Pract. & Digest Treat. Cides." Research Section, Esta Medical Laboratories, Chicago, Illinois, Gjune) 1937. 3. Pert, Giselia: "Vaginal Tolerance of Lanesta Gel in Common Leukorrheas," Personal Communication. 4. New York City Study: "Interim Report on Clinical Investigation of Lanesta Gel," Personal Communication, To be published on Communication, To Communicati

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20 MEDICAL ECONOMICS · FEBRUARY 16, 1959

Letters

do not encourage evasion of taxes. They do try to help doctors pay no more than their share.—ED.

'Captive' Practices

SIRS: In response to the scathing letter from a Californian on the "captive practices" enjoyed by hopital pathologists, radiologists, and anesthesiologists, may I protest the unfair and inaccurate inclusion of anesthesiologists? The California Society of Anesthesiologists stands for the fee-for-service practice of this specialty, and we believe a physician's only professional income should derive from work actually performed by him.

We have also insisted that staf privileges for anesthesiologists be on an open basis unless the whole staff is closed. If your correspondent knows of any hospital in California (other than charity institutions) where the anesthesiologist is on salary, I'd appreciate details.

John P. Howard, M.D.
President-elect, California Society
of Anesthesiologists
San Diego, Calif.

SIRS: ... The California physician seems to forget that much of the income from radiology and pathology departments goes to support the hospital, which any staff physician may use freely—without the stipulations that bind the radiological physician that bind the radiological physician may be stipulated by the control of the control of

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Letters

gists and pathologists he seems to envy.

As for the alleged duplication of lab work, such work is ordered by the attending physician, never by the radiologist or the pathologist unless cleared with the patient's physician. If certain lab work is mandatory, it has been so decreed by vote of the medical staff.

To state that hospital affairs are managed by a small fraction of the hospital staff is to accuse honorable physicians of lack of appreciation of their duty. It also strains the credulity of any intelligent person. All doctors know that the rules of every hospital staff require a certain number to be present to constitute a quorum. By no stretch of imagination can the pathologist and radiologist form a quorum.

Stanley H. Macht, M.D. Hagerstown, Md.

SIRS: . . . He complains about "hindsight" findings by the hospital men that certain operations were unnecessary. But most such findings are made by the tissue committee. As a pathologist, I know of no hospital where the tissue committee is composed of only the pathologist, the radiologist, and the anesthesiologist . . .

If the hospital specialists often side with the administration in disputes with the staff physicians, couldn't it be because the men whom your correspondent calls "appendages" are in the hospital all day long—and hence are more familiar with its problems?

Manning W. Alden, M.D. Annapolis, Md.

Illegal Discipline

Sirs: In "Can Medicine Enforce Free Choice of Physician?," Howard Hassard, legal counsel of the California Medical Association, it quoted as follows: "If [a medical society] were to act on membership applications without comment, public or private, verbal or written, I doubt that any count would interfere."

Apparently Mr. Hassard is thus advising California medical societies that they can get away with refusing membership to doctors who take part in panel plans—if in so doing the societies leave no trace of their motivation. This seems a dubious piece of advice.

The special rules applicable to these cases, and the discovery procedures available to plaintiffs, always make it possible to prove that failure to act on such membership applications is for disciplinary purposes—hence unlawful.

Horace R. Hansen, LL.B.
St. Paul, Minn.



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nonhormonal anti-inflammatory agent

Relieves Pain Rapidly—BUTAZOLIDIN usually produces complete relief of pain within 24 hours or less, 1.2

Resolves Inflammation – Fever subsides and local heat, tenderness and swelling regress quickly. 1.3.4 "In the majority of cases there was complete resolution by the fourth day."

Permits Early Ambulation—"As a rule within 24 hours, most patients were able to get up and walk about...." This rapid response to BUTAZOLIDIN greatly reduces disability and economic loss for patients.

Short Course of Treatment-Most patients require only from 2 to 7 days' therapy. 1.5

BUTAZOLIDIN[®] (phenylbutazone ariav). Red coated toblets of 100 mg. BUTAZOLIDIN Alko Copsules, each containing BUTAZOLIDIN 100 mg.; aluminum hydroxide 100 mg.; magnesium trisilicate 150 mg.; homatropine methylbromide 1.25 mg.

BUTAZOLIDIN being a potent theropeutic agent, physicians unfamiliar with it are urged to send for literature before instituting therapy.

References (1) Stein, I. D.: Circulation 12: 833, 1955. (2) Potvin, L.: Bull. Assoc. méd. lang. franc, Canada 85:941, 1956. (3) Sigg. K.: Angiology 8:44, 1957. (4) Elder, H. H. A., and Amstrong. J. B.: Practitioner 178:479, 1937. (3) Braden, F. &. Collins, C. G., and Sevell, J. W.: J. Loussiane M. Soc. 109:372, 1937.

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the anatomy MEISSNER'S TACTILE CORPUSCIES -TO TRANSMIT

touch



PACINI'S CORPUSCLES -TO DISCERN PRESSURE SENSATION

RUFFINIS SPINDLES -10 PERCEIVE HEAT

Invaluable to the diagnostician in helping him to exercise his skill are complex nerve endings which comprise the anatomy of touch.

Considerations of tactile sensitivity are probably nowhere more important than in the choice of a prophylactic. "Built-in" sensitivity characterizes RAMSES.® the superior rubber prophylactic. RAMSES are preferred by men because they are tissue-thin, transparent, naturally smooth, designed to interfere least with sensation - yet amazingly strong.

Confronted with vaginal trichomoniasis, many physicians now routinely specify use of a prophylactic to prevent conjugal re-infection. In a recent study it was again pointed out that "... sexual intercourse accounted for most cases of re-infection."2 Husbands cooperate more readily in the wife's treatment plan when you specify RAMSES, the prophylactic with "built-in" sensitivity.

JULIUS SCHMID, INC.

423 West 55th Street, New York 19, N. Y.



1. Weiner, H. H.: Clin. Med. 5:25 (Jan.) 1968. 2. Giorlando, S. W., and Brandt, M. L.; Am. J. Obst. & Gynec. 78:666 (Sept.) 1958.

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WHITE'S VITAMIN A & D OINTMENT HEALS SOOTHES PROTECTS



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Y.

Typical diaper rash



White's Vitamin A & D Ointment applied at every diaper change for one week.



Treatment-resistant varicose ulcer



White's Vitamin A & D Ointment applied daily for five weeks.



Gasoline burns—second and third degree



White's Vitamin A & D Ointment-impregnated pressure gauze dressingschanged at weekly intervals.

White's Vitamin A & D Ointment in $1\frac{1}{2}$ and 4 az. tubes; 1 lb. jars and 5 lb. containers

WHITE LABORATORIES, INC. KENILWORTH, NEW JERSEY

MEDICAL ECONOMICS · FEBRUARY 16, 1959 25

new formulations to meet specific increased metabolic challenge

for acute stage... short intensive periods of therapy

NOVOGRAN

Souibb Stress Formula Vitamins for Therapy



per capsule-shaped tablet:

Vitamin	C	300	mg
Vitamin	B1	10	mg
Vitamin	B2	. 10	mg
Niscinan	nide	100	mg
Vitamin	B6	2	mg
Calcium	Pantothenate	20	mg
Vitamin	812	4 :	neg
Folic Ac	id.	1.5	mg
Vitamin	Κ	2	mg
Dosage:	1 or more tablets daily or as recom	men	ded

Supplied: NOVOGRAN-bottles of 30, 100 and 500

also available: NOVOGRAN for Solution and NOVOGRAN 2X for Solution (double strength) for tube feeding, infusion or intramuscular injection.

capsule-shaped tablets



for convalescent stage. longer periods of therapy and convalescence

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Souibb High Potency B-Complex with C



per capsule-shaped tablet:

Vitamin	C	150	mg
Vitamin	BL	5	mg
Vitamin	B9	8	mg
Niacinan	n(do	50	mu
Vitamin	B6	1	mg.
Calcium	Pantothenate	10	mg
Vitamin	B12	21	
Folic Ac	id	2,15	mg
Dosage:	1 or more tablets dally or as recom-	moni	

Supplied: NOVO-BASIC - bottles of 60 and 180 car sule-shaped tablets

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26 MEDICAL ECONOMICS · FEBRUARY 16, 1959

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Which type of Hearing Aid is best for your patient?

If this were your patient's audiogram, which type of hearing aid would you recommend? It is taken from the case history of a 32-year-old bookkeeper whose hearing loss was diagnosed, at age 19, as otosclerosis, with little or no perceptive component. In consultation with his doctor, the patient decided against surgical intervention.

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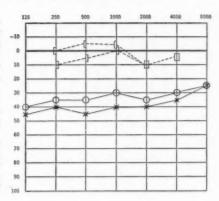
This report is but one of many typical cases described in a new book, prepared especially for the medical profession by the Hearing Aid Division of Zenith Radio Corporation.

Clinical Findings: Ave. loss, R: 33 db, L: 42 db, B.B.A.: 33 db, SRT: 35 db, MCL: 55 db, TD: 100 db. Discrimination: L: 92%, R: 94%.

Prognosis: Patient should adapt readily to moderate gain hearing aid, air conduction type.

Recommendations: Any of these five Zenith Hearing Aids: Zenith "Citation" or "Challenger" Eyeglass Hearing Aid. At-the-ear Zenith "Diplomat" with L-1 earphone, or "Ambassador." Moderate gain conventional Zenith Hearing Aid —"Crusader" model in "M" tone setting.

Now Ready for Doctors . . . a valuable reference book designed to help you recommend the right type of hearing



aid for your patients. Besides the actual typical case history outlined above, Zenith's new book, "Which Type of Hearing Aid for Your Patient," describes many other cases, and lists the appropriate Zenith Hearing Aid. Also contains a complete description of all types of Zenith Hearing Aids and their uses. For your free copy, write to: Zenith Radio Corporation, Hearing Aid Division, 5801 Dickens Avenue, Dept. 39OC, Chicago 39, Ill.



CHELATED IRON THERAPY



■ outstandingly free from g.i. irritation ■ does not stain teeth [when given as a liquid] ■ can be taken any time - between meals without irritation, or at mealtime without impaired utilization a compatible with ulcer medication, and does not cause added irritation safest iron to have in the home because of chelate-controlled absorption ■ and - clinically confirmed as an effective hematinic [Franklin et al.: J.A.M.A. 166:1685, 1958]



CHELATED the new way to give oral iron

Tablets - 1 tablet t.i.d. furnishes 120 mg, iron

Pediatric Drops - 1 cc. furnishes 16 mg. iron

also: CHEL-IRON PLUS Tablets - chelated iron plus B12, folic acid, other B vitamins, and C.





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"Chelate" describes a chemical structure in which metallic ions are "encircled" and their physicochemical properties thereby altered. Chelated iron (as iron choline citrate*) is unusually soluble; nonionizable; not precipitated by variations in g.i. tract pH, protein, phosphate, or alkali; yet is readily available for hemopolesis on physiologic demand.

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Doctor's Gift Ends Up Costing Son Plenty

You can often save your heirs money by giving them some of your property before you die. That's because gift taxes usually are lower than inheritance taxes. But did you know that this scheme can sometimes backfire? Here's how one doctor recently ran up an expected tax bill for his son by giving him property instead of waiting to let him inherit it:

An elderly Louisiana doctor gave his son some 3,800 acres of land shortly before the doctor died. The land originally cost the doctor \$5.10 an acre. But it was worth \$20 an acre when he gave it away.

After the doctor died, the son sold the land for a price he figured gave him no profit: \$20 an acre. He got quite a jolt, however, when the tax collector-and later the Tax Court-told him he'd actually made \$14.90 on each acre sold. Here's why:

The land was not an inheritance; it was a gift. And for tax purposes, the profit made on the sale of a gift isn't always computed from the gift's value at the time it's received.

If its value has increased since the donor acquired it, the profit is based on its cost to the donor.

Thus the son had to figure the land was worth only \$5.10 per acre when he got it-and had to pay taxes on the \$14.90 per acre he "made" by selling it.

Here's What Stock Averages Won't Tell You

Does your blood pressure ever fluctuate with the Dow-Jones average? Then you'll be interested in this tranquilizer from a Boston investment house. Says Vance, Sanders & Co.: Any stock market average "falls far short of giving an accurate picture" of an individual investor's wisdom or folly.

Suppose, for instance, that on a certain day in April, 1956, you bought some of the securities listed in the Dow-Jones average of thirty industrial stocks. The average stood at 521. Then on a certain day last September you considered selling them. How had you made out meanwhile? A glance at the Dow-Jones industrial average-which had reached exactly 521 againwould indicate that for twenty-nine

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months you'd been standing still: no loss and no gain.

A true picture? On the contrary,

How Stocks Deviate From a Market Average

The thirty stocks shown below comprise the Dow-Jones industrial average. In September, 1958, this average stood at the same level as in April, 1956. But only one of its constituent stocks still stood at the same price level. The others showed these gains and losses:



if you had been holding Eastman Kodak, one of the Dow-Jones stocks, you'd have come out more than 50 per cent ahead. But on another stock in the average—Allied Chemical—you'd have taken nearly a 30 per cent loss. In fact, you'd find that of the thirty stocks represented in the "unchanged" index. sixteen had gained, thirteen had slipped, and only one stood at its April, 1956, price.

The moral? According to Edward E. Hale of the brokerage firm, an investor should refuse to join the "many thousands of people [who] will look at an average of this kind and take it for granted" that they're getting a dependable slant on the condition of their own portfolio.

'Hospital Admission Fees' **Draw Doctors' Criticism**

Hospitalized patients started complaining there was one item on their bills that their insurance carriers refused to pay for. So the local medical society took a look. What it found touched off a strongly worded reprimand for some of its members.

The item in question was labeled "hospital admission fee." It showed up in amounts from \$5 to \$25 on the statements a number of patients got from their doctors. Most patients wondered why their hospital insurance didn't cover it. Hadn't WH

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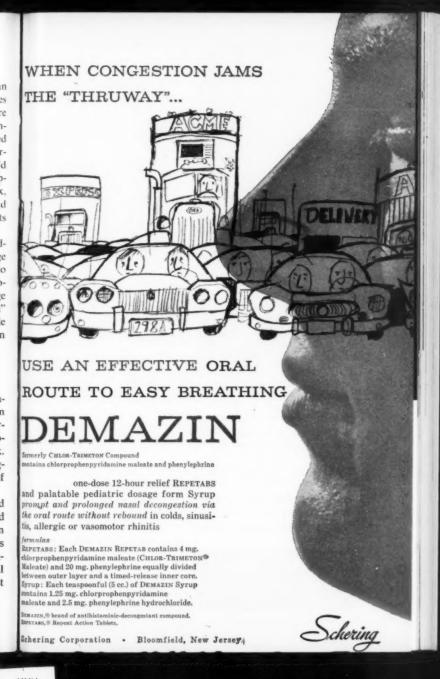
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It's so easy to keep the complete financial facts of your practice up-to-date, orderly and readily available for years ... with a Histacount Bookkeeping System.

You'll know, at a glance, what you earned, collected and spent for any day, week, month or year.

It's so easy — no bookkeeping knowledge needed.

Start the New Year right, with the system devised for you.

Send for FREE sample pages and literature.

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the hospital slapped it on their physician? Wasn't he just passing i along?

Not exactly, as it turned out. The Sacramento (Calif.) Society for Medical Improvement found the "hospital admission fee" was no idea of the hospitals, but a billing habit of several years' standing with several local doctors. Observed the medical society wryly:

"Situations like this place the hospitals in awkward positions and likewise jeopardize patient-physician relationships . . . Member making this charge are requested to discontinue its use. [It] is contrary to the usual accepted customated practice in this community...

Instead of the "hospital admision fee," the society suggested the patients could legitimately be bille for "initial hospital examination—provided the charge were "appropriate . . . to the profession service rendered and the time expended."

What to Do if the Patient Forbids a Transfusion

How to treat surgical patients wherefuse blood transfusions has long been a legal as well as a humal dilemma for the physician. If he gave needed blood against a patient's wishes, he committed technical assault and battery; if he didn't give it, he invited a malpras

32 MEDICAL ECONOMICS · FEBRUARY 16, 1959

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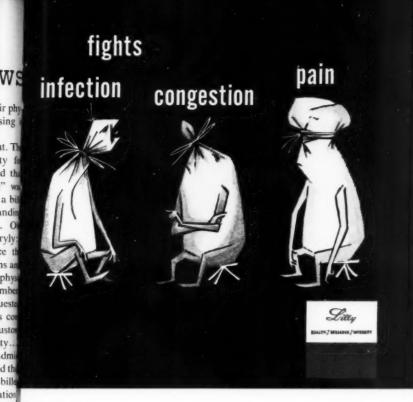
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V-Kor

Co-Pyro acetophi



V-KOR™...provides relief in respiratory infections

- 1. to fight infection—V-Cillin K^{\bullet} quickly and surely produces higher blood levels than any other oral penicillin.
- 2. to relieve congestion—Co-Pyronil™ provides rapid and prolonged antihistaminic action plus vasoconstriction.
- 3. to control fever and pain—A.S.A.* Compound provides proved analgesic and antipyretic action.

Dosage: Two V-Kor tablets contain the usual therapeutic dose for adults. Repeat every six or eight hours.

Supplied: In attractive green-white-yellow, three-layered tablets.

 $V\cdot Kor^{\bullet\bullet}$ (penicillin V potassium compound, Lilly) \bullet $V\cdot Cillin K^{\bullet}$ (penicillin V potassium, Lilly) \bullet $Co\cdot Pyronil^{\bullet\bullet}$ (pyrrobutamine compound, Lilly) \bullet $A.S.A.^{\bullet}$ Compound (acetylsalicylic acid and acetyphenetidin compound, Lilly)

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For a quick comeback



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ELI INDI

V-CILLIN K° dependable, fast, effective therapy

dependable: All patients show therapeutic blood concentrations of penicillin with recommended dosages.

fast: Therapeutic concentrations appear in the general circulation within five to fifteen minutes after administration.

effective: Higher blood levels are achieved than with any other oral penicillin given. Bactericidal concentrations are assured. Infections resolve rapidly.

Dosage: 125 or 250 mg. three times daily. **Supplied:** Tablets (scored) of 125 and 250 mg. (200,000 and 400,000 units).

New: V-CILLIN K*, PEDIATRIC—a taste treat for young patients. In bottles of 40 and 80 cc. Each 5-cc. teaspoonful provides 125 mg. of V-Cillin K.

New: V-CILLIN K[®] SULFA. Each tablet combines 125 mg. of V-Cillin K with 0.5 Gm. of the three preferred sulfonamides.

V-Cillin K* (penicillin V potassium, Lilly) V-Cillin K* Sulfa (penicillin V potassium with triple sulfas, Lilly)

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tice suit. Now some medicolegal experts think at least the legal aspect of the problem has been solved.

The solution is a new "Refusal to Permit Blood Transfusion" form recently approved by the American Hospital Association and the chief sect that forbids transfusions, the Jehovah's Witnesses. Both groups recommend that doctors get the form signed by any patient (or by the person authorized to consent for him) who asks not to be given blood during an operation. The form reads:

"I request that no blood or blood derivatives be administered to [name of patient] during this hospitalization. I hereby release the hospital, its personnel, and the attending physician from any responsibility whatever for unfavorable reactions or any untoward results due to my refusal to permit the use of blood or its derivatives, and I fully understand the possible consequences of such refusal on my part."

But the A.H.A. advises doctors not to mention the new form unless the patient brings up the subject of transfusions himself.

"When it's a matter of life or death," an A.H.A. official explains, "many patients will accept transfusions in spite of their religion. We don't want doctors to encourage anyone to refuse blood just because of his religious affiliation."

Compare Your Aide's Pay With These Averages

Would you like to see how your aide's salary stacks up against the pay that office girls in general an getting nowadays? Here are some of the latest figures.

The U.S. Bureau of Labor Statistics took a look at earnings in seven large cities recently. Its finding: Office personnel with duties somewhat comparable to those of a doctor's aide are earning an average of between \$56.50 and \$87 a week. The city-by-city picture:

City Chicago	Secretaries \$87.00	Receptionist Switchboard Operators \$70.00
Dallas	76.70	61.00
Los Angeles	87.00	70.00
New York	85.00	66.50
New Orleans	s 76.50	56.50
St. Louis	79.00	59.00
Seattle	82.00	64.00

'Hospitals Shouldn't Hold Patients for Ransom'

Does your hospital intimate to patients that they can't go home until they've paid their bill? Any hospital that does so is on pretty thin ice, one medical journal warns.

"Massachusetts Physician has pointed out on several occasions

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helps meet the nutritional challenge of Litty pregnancy

COMPREN®

when the "parasitic fetus" drains maternal stores

Even in utero, baby will have his way. Nature favors his need to build up a store of nutrients for his own biochemical processes—often at the expense of the mother-to-be.

Supplementation of her normal dietary intake with the comprehensive Compren formula will not only help overcome maternal deficiency but will also insure an adequate supply to the "parasitic fetus." Prescribe 1 to 3 Pulvules* daily for better health and fewer complications for both mother and child.

Compren® (prenatal dietary supplements, Lilly)

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LILLY VITAMINS ... "THE PHYSICIAN'S LINE"

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that it is illegal in this country to hold a patient for ransom," says a recent editorial in that journal. "But some hospital administrators continue to send out circulars stating that hospital bills 'must' be paid in full before the patient leaves the hospital.

"Hospital administrators should have learned long ago that they have no right to incarcerate an individual or hold him until a bill is paid," the journal declares. "Are the hospital administrators who continue to use such phraseology ignorant or just plain desirous of deceiving the patient?"

Court Says Lawmakers Didn't Mean Sex

Nothing narrow-minded about Texas justice. A physician there who'd lost his license for immoral conduct with five women patients has got it back.

First the state board of medical examiners revoked the license under a Texas law providing for this action in case of a doctor's "grossly unprofessional or dishonorable conduct...likely to deceive or defraud the public." Then the board's ruling came up for court review.

The doctor's carrying-on, the Court conceded, "undoubtedly... constituted a fraud and deception

... and ... gross unprofessional and dishonorable conduct." But, added the Court:

"Such conduct does not come within the classification of fraud and deceit, nor the unprofessional and dishonorable conduct" that Texas legislators had in mind when they passed the law.

'We Need M.D.s and We'll Pay,' Say TV Admen

That new ban on actors posing as doctors in TV advertisements apparently isn't going to end doctor-type commercials after all. It's simply going to mean that from now on, when you see a product being plugged by a man in a white coat, he'll be a doctor.

That's the prediction television network officials made when they sat down recently with the New York State Medical Society's public relations subcommittee.

Yes, said a TV man, the networks are conscientiously enforcing the ban that went into effect Jan. 1 against white-coated actors posing as doctors. But he added that if advertising agencies can get real doctors to pose for ads—well, that's a different kettle of commercials.

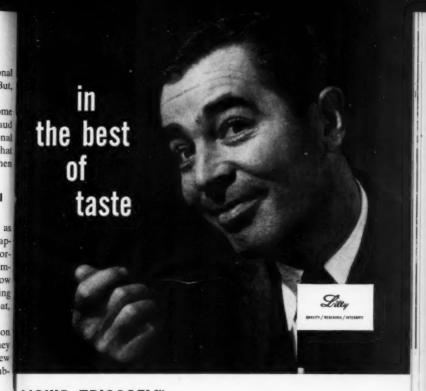
"Since the ban was announced," one TV executive said, "ad agencies have been using every kind of persuasion to get professional men to pose for commercials. So far

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Effect minur trisilio Palata Trisop panel tested Dosag

1 or 2 ounce

ELI L



LIQUID TRISOGEL™ effective and palatable antacid therapy

Effective—Trisogel combines the prompt antacid action of aluminum hydroxide with the more sustained effect of magnesium trisilicate.

Palatable—The creamy, smooth texture and mild mint flavor of Trisogel assure wholehearted patient acceptance. An adult taste panel enthusiastically selected Trisogel over all other formulas tested for texture, flavor, and color.

Dosage: In the treatment of peptic ulcer, the usual adult dose is 1 or 2 tablespoonfuls every one to three hours. Supplied in 12-ounce bottles.

Trisogel** (magnesium trisilicate and colloidal aluminum hydroxide, Lilly)

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we've heard of only two who've agreed—one M.D. and one dentist. But with the kind of money the agencies are offering, we think lots more may follow unless organized medicine can bring enough pressure to bear to stop them."

"We can probably deter most of them," put in Dr. John C. McClintock, head of the society's subcommittee. "But I frankly don't see what we can do about doctors who're outside of organized medicine. There are some 6,000 of them in New York State alone." Another doctor spoke up: "Would it help to remind the agencies that it's unethical for any physician to sponsor a commercial product?" Several of the TV men smiled as one replied:

"A real doctor plugging an arthritis remedy or a headache pill can make a difference of hundreds of thousands of dollars in sales. It'll take more than mentioning medical ethics to keep Madison Avenue from a goal like that. One New York model agency," he went on, "has already sent a mass mailing to doctors all across the country inviting them to make commercials—for a sizable fee." More

for the two most frequently performed urine tests

URISTIX

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Reagent Strips

1 strip...1 dip...2 results

colorimetric "dip-and-read" combination test for protein and glucose in urine

- · timesaving
- economical

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· completely disposable





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THERACEBRIN® multiple vitamins so potent patients can feel the difference

"The patient who requires therapeutic doses has probably depleted those vitamin stores... so that one has not only the problem of maintenance requirement but the restoration of stores." It is generally agreed that five to ten times the minimum daily allowances of vitamins are needed to achieve rapid response in such cases.

The "husky" Theracebrin formula falls well within this range. In fact, it is the most potent multiple vitamin you can prescribe. Use Theracebrin as a valuable adjunct to specific therapy—especially following surgery and burns and in infectious hepatitis, malnutrition, and chronic debilitating diseases.

1. Kaye, Robert: Vitamins and Other Nutrition Factors in Clinical Practice, Delaware M.J., 28:51, 1956,
Theracebrin® (pan-vitamins, therapeutic, Lilly)

LILLY VITAMINS . . . "THE PHYSICIAN'S LINE"

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The TV admen don't seem to be missing many bets as they canvass the nation's medical men. One doctor who got a letter of invitation from the model agency is on the staff at A.M.A. headquarters.

M.D.'s Effort to Stay in the **Swim Takes Its Toll**

Do you figure a doctor's wise to slow down when he passes the age of 50? If so, the feat of your 53year-old colleague shown here may



widen your horizons. The hardbreathing gentleman is Robert F. Legge (M.C.), U.S.N., and he recently set the world record for swimming the length of the Panama Canal. He made the thirty-five miles (with time out for an overnight stop) in 21 hours and 54 minutes.

As you'd suspect, the little jaunt to prove he's still fit at 53 took its toll: 72 cents in canal fees.

Coming: Medical Journals To Fit Your Pocket?

Here's hope for the doctor who'd like to use his odd free moments to pack in more reading. It looks as if the day's coming when you'll be able to slip a few medical journals into your shirt pocket without even making a bulge.

That dream's already come true for readers of one scientific publication. Last month Wildlife Disease used photomicrographic reproduction to slim down its bulky quarterly issue. Instead of some two hundred pages of text, subscribers got just four 3" x 5" cards, plus a hand viewer.

M.D.s' Advertising Code Is Unethical, Editor Claims

"We have had about all the unethical guff that we can stand from the so-called 'ethical' professions!"

So goes the outburst one newspaper editor loosed recently. What touched it off? The contention of doctors and other professional men that it's unethical for them to advertise in newspapers.

This "holier-than-thou" attitude is a "conspiracy against free enterprise" and an "insult to the fourth estate," maintains S. C. Menefee, editor of the Fair Oaks (Calif.)

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Investigators^{1,2} have determined that low serum iron may be accompanied by insidious vitamin B12 deficiencies which result from subnutrition, increased demand, or lack of intrinsic factor. Coexisting vitamin C deficiencies also have been found.3

These studies suggest that an anemia may be multiple in nature that optimum results would be derived from a combination of therapeutic agents.

Trinsicon offers therapeutic quantities of all known hematinic factors. Prescribe two Pulvules® daily to provide assured response in all treatable anemias.

Trinsicon® (hematinic concentrate with intrinsic factor, Lilly)

- 1. A. M. A. Arch. Int. Med., 99:346, 1957. 2. Am. J. Obst. & Gynec., 70:1309, 1955.
- 3. Lancet, 1:448, 1957.

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San Juan Record. Furthermore, it's "unintelligent, unfair, and downright unethical."

Why unethical? Because "these same professionals . . . love free publicity, which is certainly advertising of a sort," Menefee goes on. "They seem to expect, as their due, mention in news stories . . . publicity blurbs for their members attending conventions, and social stories about their parties and travels."

Then too, doctors, "while condemning professional listings in newspapers, think it quite all right to list their names in the yellow pages of the telephone book, side by side with the quacks."

Newspaper editors should start fighting back, suggests Editor Menefee. He cites the case of another editor who no longer uses such titles as "Doctor" in print. If a doctor goes to a convention, he's "just plain Mr." in this editor's paper, says Menefee.

Six Nations Plan to Offer Reciprocal Licenses

Any doctor who's ever been stymied by the reciprocal licensing system in the United States will ap-

FOR NATURAL TRANQUILITY FEED BREMIL

NEW LIQUID AND POWDERED

Guaranteed physiologic Ca:P ratio 1½:1 (not available in any other liquinfant formula product)—minimiz restlessness, wakefulness, excessioning.

Easy for mothers...just add water



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350 Madison Avenue, New York!
BREMIL • MULL-SOY • DRYCO • BETA LACTOSE • KU

AND FOR THOSE WHO CAN'T "TAKE" MILK...MULL-SOY

44 MEDICAL ECONOMICS · FEBRUARY 16, 1959

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TES-TAPE°...

reliably quantitative even during antibiotic therapy

In the detection of urinary glucose, the risk of error is especially great when a patient is undergoing treatment for an infection. Therapeutic doses of penicillin¹ and streptomycin² have been known to confuse the results of the copper-reduction tests for glucose in the urine.

Tes-Tape is not affected by these substances—Tes-Tape is specific for glucose. It is this specificity, plus its sensitivity, that permits "highly accurate estimation of glucose content at both low and high concentrations"

with Tes-Tape.

1. Whipple, R. L., Jr., and Bloom, W. L.: J. Lab. & Clin. Med., 36:635, 1950. 2. Parker, F. P.: A Textbook of Clinical Pathology, Ed. 3, p. 568. Baltimore: The Williams & Wilkins Company, 1948. 3. Seltzer, H. S., and Loveall, M. J.: J. A. M. A., 167:1826, 1958.

Tes-Tape& (urine sugar analysis paper, Lilly)

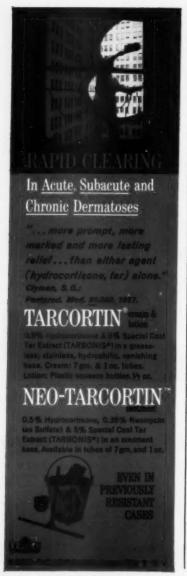
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preciate a little feat that European physicians hope to pull off soon.

One recently announced goal of the new six-nation European Economic Community (Belgium, France, Italy, Luxembourg, the Netherlands, and West Germany) is to allow free movement of professional men throughout that area by 1961. Under the plan, a doctor from any of the six countries will be allowed to set up practice in any other member-nation as he pleases.

Doctor-to-Doctor Report on Patient Brings Libel Suit

The courts have established that a physician may sometimes give derogatory information about a patient to a third party. A recent court case emphasizes, though, that a doctor must take many precautions in doing so. Otherwise he's asking for a libel suit.

Here's the case in detail:

Psychiatrist Louis G. Moench of Salt Lake City was asked by an out-of-state colleague for his "impression" of a man he'd once treated. This information, the colleague added, was wanted by the parents of a girl the man was now courting.

Seven years had passed since Dr. Moench last saw the patient, but the doctor wrote his colleague a detailed letter. Without ever mentioning the former patient's name, the letter said, in essence:

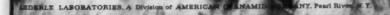
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unsurpassed therapy...

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with
rheumatoid arthritis...

unsurpassed therapy...

with great security...



Aristocort

Since its introduction a year ago, ARISTOCORT has been used in the successful treatment of thousands of patients with rheumatoid arthritis. The periods of treatment have been substantial: many patients have been continuously on ARISTOCORT for a year and longer.

A great number of the patients were severe arthritics, transferred from earlier corticosteroids either because of failure to achieve adequate symptomatic improvement, or because of the development of serious hormonal reactions.\(^{1-\sigma}\) Still others were placed successfully on ARISTOCORT as their first corticosteroid therapy because various conditions, such as healed ulcer, edema, hypertension, etc., did not appear to warrant administration of earlier corticosteroids.

In several patients, duodenal ulcers which had developed on earlier corticosteroid therapy disappeared after the patients were transferred to ARISTOCORT.¹⁻⁴

ARISTOCORT effectively controlled inflammatory and rheumatic symptoms on dosages averaging almost ½ less than prednisone or prednisolone. 1.4.9.7 ARISTOCORT provided greater security because there was freedom from sodium and water retention, absence of potassium depletion, psychic equilibrium was rarely disturbed, there was only a low incidence of peptic ulcer and of osteoporosis with compression fracture. 1.2

According to Hartung[®] ARISTOCORT is "the safest effective corticosteroid we have used."

Supplied: 1 mg. scored tablets (yellow); 2 mg. scored tablets (pink); 4 mg. scored tablets (white),

Bibliography:

Bibliography:

1. Freyberg, R. H.;
Bernisen, C. A., Jr., and
Hellman, L.: Paper
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A. M.: To be published.



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can prescribe
for more patients
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respiratory allergies...

unsurpassed therapy...

with great security...



Aristocort

Studies in hundreds of patients with respiratory allergies treated with aristocort have proved its substantial advantages. Good to excellent results have been obtained in the great majority of cases on dosages of aristocort averaging ½ to ¾ less than prednisone. Aristocort had fewer and less severe side effects than earlier corticosteroids: there was no sodium and water retention, no potassium loss, psychic equilibrium was rarely disturbed, there was a low incidence of peptic ulcer and of osteoporosis with compression fracture. 1-4

These studies indicate the extension of corticosteroid therapy with Anistocort to patients who were previously deprived of corticosteroid therapy because of edema, a history of peptic ulcer and other disorders. Another highly important advantage of Aristocort over other corticosteroids is its failure to cause an increase in blood pressure (an actual decrease in blood pressure in many patients with bronchial asthma when transferred to Aristocort has also been reported^{1,8}). Since hypertension is often associated with bronchial asthma, Aristocort would appear to be a logical choice of therapy in such cases.

Friedlaender and Friedlaender⁷ found that ARISTOCORT dosage averaged between 50 and 60 per cent of that of prednisone. "Seven out of 40 patients in the asthma group were better controlled on these smaller maintenance doses of triamcinolone. The results in the other asthmatics were at least as good as on higher doses of the previously used steroids." Feinberg, et al.º found ARISTOCORT "a potent antiallergic hormone, producing therapeutic effects with about one-half the dosage required for prednisone."

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you can prescribe for more patients with

inflammatory and allergic dermatoses...

unsurpassed therapy...

with great security ...



ristocort

Several hundred patients with inflammatory and allergic dermatoses have been treated with ARISTOCORT for periods up to one year. Good to excellent results were achieved with dosages of ARISTOCORT averaging 1/2 to 2/3 less than those of earlier corticosteroids,

Highly successful results were obtained by Hollander and his group1 and Shelley and associates2 in the treatment of psoriasis with ARISTOCORT. The former found that when ARISTOCORT was replaced by prednisolone in 9 patients, there was prompt recurrence of psoriasis, which again disappeared on resumption of ARISTOCORT. Side effects were "of mild degree and detracted little from the delight of most of the patients in their improved skin condition."

Shelley and associates found it "gratifying to have a steroid compound which did not lead to fluid retention and edema." They reported that 4 mg, of ARISTOCORT were equivalent to 10 mg. of prednisolone in treating dermatides.

Rein and associates reported on 26 patients with severe dermatitis who were treated with ARISTOCORT. Most of these patients had developed severe hormonal side reactions on prednisolone. ARISTOCORT controlled the symptoms on 2/3 the dosage of prednisolone. There was only a low incidence of side effects that did not require interruption of therapy; and in many cases, side effects that had developed with the earlier corticosteroid disappeared with ARISTOCORT.

Appel and associates and Friedlaender and Friedlaender have also found ARISTOCORT effective in treating dermatoses with dosages 1/2 to 2/3 less than required with prednisone.

Bibliography: 1. Hollander, J. L.; Brown, E. M., Jr.; Jessar, R. A.; Smukler, N. M.; Udell, L.; Stevenson, C. R., and Bowie, M. A.: Paper read before Interim Session. American Rheumatism Association, Bethesda. Maryland, Dec. 6, 1957. 2. Shelley, W. B.; Harun, J. S., and Pillsbury, D. M.: J.A.M.A. 167:959 (June 21) 1958. 3. Rein, C. R.; Fleischmajer, R., and Rosenthal, A. L.; J.A.M.A. 165:1821, 1957.

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Friedlaender, A. S.: Antib. Med. & Clin. Ther. 5:315 (May) 1958.



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NEW! Aristocort Cream (Triamcinolone Acetonide Cream 0.1% LEDERLE) for dermatologic use

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came Sai privile forma The patient had a "psychopathic personality... We treated him for a mere token charge (and I notice even that has never been paid)... He was in constant trouble with the authorities... [He] did not do well in school... My suggestion to the infatuated girl would be to run as fast and as far as she possibly could... away from him."

When Dr. Moench's letter was passed on to the "infatuated girl's" parents, it touched off quite a chain of events:

They forbade her to marry the man. She married him. They disowned her. And the man sued Dr. Moench for libel.

A lower court exonerated Dr. Moench. But the Utah Supreme Court ordered a retrial after reviewing the following testimony:

The ex-patient claimed much of Dr. Moench's "information" was false. Example: He'd paid all but \$5 of Dr. Moench's \$50 fee.

Dr. Moench admitted he'd checked his records only hastily before stating the bill had "never been paid." He also testified that some of what he'd written had been told him by the patient's former wife, her sister, and other sources. As the Court pointed out, he "was uncertain as to what information came from what sources."

Said the Court: A physician's privilege to reveal derogatory information is "conditional" or "qual-

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ified," and "must be exercised with certain cautions . . .

¶ "Reasonable care must be exercised as to its truth . . ."

¶ "The information must be reportedly fairly." In other words, one may not report 'as undoubted facts' information which may have been derived from questionable sources."

¶"Only such information should be conveyed, and only to such persons, as . . . necessary."

"It appears to us," the Court continued, "that . . . reasonable minds might differ" as to whether Dr. Moench properly followed the above cautions. And the retrial order wound up with this ominous observation about one doctor's report to another:

"Libel may be defined as a false and unprivileged publication in writing which assails the honesty, integrity, or virtue of another and thereby exposes him to hatred, contempt, or ridicule, or tends to injure him in his occupation. The letter can be regarded as doing so."

M.D. Takes Residency, Keeps Status as Totally Disabled

A disabled physician who takes a residency may still collect on total disability insurance, a court has ruled. The case is that of a G.P.

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who, after eight years of practice, had to give it up because of incurable "nerve deafness."

Six months later, he began a three-year residency in radiology. The insurance company then refused to pay his \$200-a-month indemnity for total disability. Reason: His policy defined total disability as "complete loss of business time due to inability of the insured to engage in his regular occupation or in gainful occupations for which he is reasonably fitted."

But now the Iowa Supreme Court has ruled the insurance company must pay him. The residency, said the Court, is essentially an educational period. The Court noted that the doctor had been netting \$27,000 annually before becoming disabled. Compared with that, the residency stipend wasn't enough to classify the doctor's present job as "regular or gainful occupation."

Day Book Fails as Defense In \$170,000 Tax Suit

"The doctor whose financial records are incomplete is *inviting* the Internal Revenue Service to use the 'net-worth' method of investigation against him. And when a net-worth probe turns up a suspiciously high standard of living, courts are skeptical of taxpayers' explanations." That's the bleak moral drawn by a tax consultant from a recent court case. He says the case "involves some of the same issues raised in income tax actions against physicians."

This proceeding began when the I.R.S. suspected a dentist in Holyoke, Mass., of holding out on his tax returns. Agents checked and decided the dentist's financial records were too skimpy to tell the whole story. So they applied the net-worth method.

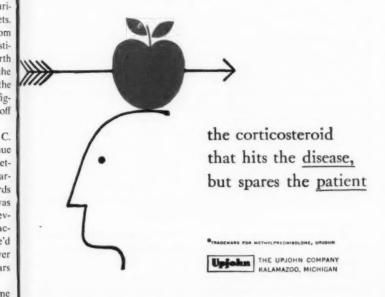
When I.R.S. agents use the networth formula, they look at the taxpayer's bank accounts, securities, real estate, and other assets. They also make inferences from his style of living. Thus they estimate what the taxpayer was worth at the beginning and the end of the period they're investigating. If the tax returns don't jibe with the figures the agents come up with, off to court they go.

The dentist, Dr. Thomas C. Conway, challenged the Revenue Service's right to apply the networth method in this case. He argued: (1) His financial records were adequate, so net worth was an improper procedure; (2) Revenue agents failed to take into account a cash hoard of \$55,000 he'd stuffed into a sideboard drawer some time before the seven years under investigation.

But the U.S. District Court came

There is only one methylprednisolone, and that is

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down hard on these arguments. The judge noted that "the only financial record maintained by [Dr. Conway] was a day book, which contains a list of patients, work performed for them, the amount charged, and the amount of payment received." There was no cross-check on this record, no mention of practice-connected expenses—"which the [dentist] said he paid in cash"—and no accounting for income from outside his practice.

As to Dr. Conway's contention that his financial position could be explained by \$55,000 he'd socked away years ago, the Court said pointedly: "It is difficult to believe that a man of [his] education and business ability would pile up such a huge sum in a sideboard drawer."

Another reason for the judge's skepticism: Dr. Conway made "numerous withdrawals of small amounts" from bank accounts during the period he said he was filling a drawer with greenbacks. This, said the judge, was "inconsistent with the story that he had large sums in cash readily at hand."

Besides, in the seven years when Dr. Conway was reporting taxable incomes ranging between \$1,395 and \$4,189, the dentist "purchased a total of \$100,000 in United States

Government bonds, made numerous bank deposits [\$20,000 in one year alone], and made substantial loans" on the side, the Court noted. Its decision:

Dr. Conway owes the Government more than \$116,000 in back taxes. In addition, a fraud penalty of 50 per cent was tacked on, bringing the bill to \$174,536.

Auto Rental Advice: Ask About A Return Allowance

Planning to rent a car for use in your practice? Better make sure the contract has a clause to protect your widow in the event of your death. That's the advice of the Bronx County (N.Y.) Medical Society.

The society tells of a doctor who signed a one-year contract and died six months later. The rental company reclaimed the car but offered no refund.

The moral for other physicians, as the medical society sees it: Have a death-benefit clause inserted in the contract. The inserted words should guarantee a refund to the doctor's beneficiary if the car is rerented by the company before the contract expires.

Tyrone Power Didn't Heed Eye Bank's Requirement

The late Tyrone Power had good intentions that went astray. They're a reminder that a will is *not* the

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in 70% of all cases.. regardless of cause



Temaril*

Tablets, 2.5 mg., in bottles of 50. Syrup, 2.5 mg./5 cc. tsp., in 4 fl. oz. bottles.

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for the common cold... NEW MADRICIDIN

provides in each capsule

MADRIBON 125 mg a low-dosage sulfonamide...to help prevent the secondary bacterial infections which may complicate the common cold

N-ACETYL-P-AMINOPHENOL 120 mg an analgesic-antipyretic-considered the active metabolite of acetophenetidin...to reduce fever and to relieve headache, myalgia and other discomforts associated with acute respiratory disorders THEPHORIN TARTRATE 10 mg an antihistamine with low incidence of side effects...to relieve the allergy-like congestion, sneezing and lacrimation which often accompany respiratory infections

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prompt palliative effect plus defense against secondary invaders

OSAGE: adults-first day, 2 capsules q.i.d.; 1 capsule q.i.d. thereafter. children-first day, 2 capsules per 20 lbs body weight; 1 capsule per 20 lbs body weight daily thereafter-given in single or divided doses.

Continue therapy for 5 to 7 days or until patient is asymptomatic for at least 48 hours.

Caution: The usual precautions in sulfonamide therapy should be observed, including maintenance of adequate fluid intake. If toxic reactions or blood dyscrasias occur, use of the drug should be discontinued.



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way for a person to donate his eyes to the blind.* The actor's will was probated much too late for carrying out his request that his eyes go to a sightless person.

Unfortunately, the will was the only document that mentioned Power's intention. There was no arrangement for the necessary operation to recover the corneas immediately after death. Special forms to authorize this operation can be obtained from The Eye-Bank for Sight Restoration, 210 East Sixty-fourth Street, New York 21. N.Y.

Blue Cross Tells Competition, 'Don't Misrepresent Us!'

Blue Cross has warned the insurance industry to stop criticizing it as though it were another private carrier. The reason: Blue plans and commercial insurance are both needed—as different, competing services—if the Government's hands are to be kept out of medicine.

"In fact, Blue Cross must preserve the differences between its way and that of the insurance industry," James E. Stuart, executive vice president of the Blue Cross Association, recently told the Life

•See "Eye Bank Tells How to Make Donations," MEDICAL ECONOMICS, Oct. 13, 1958.

Insurance Association of America.

What will follow if the Blue plans and the commercial carriers fail to offer the public a "meaning-ful choice"? Then health-conscious Americans might insist that Social Security pay their medical bills, Stuart said. "Simple Congressional action can suffice [to do it]," he added.

In fact, the only reason health insurance isn't part of Social Security today, continued the Blue Cross official, is this: Back in 1935 when the law was enacted, "health care was not . . . recognized as a basic necessity of life . . . as it is today."

With the public in a new frame of mind now, Stuart said, Blue Cross must be especially careful not to imitate the insurance industry. "The social concept of Blue Cross has little in common with the [profit goals] that motivate the insurance industry," he declared. "Our [Blue plan] major concern is primarily with benefits rather than profit."

So the Blue Cross spokesman issued a challenge to the commercial carriers: "open and clean-cut competition." With this type of competition, Blue Cross hopes commercial carriers won't push health insurance as a "loss leader" to pick up policyholders on more profitable lines of insurance.



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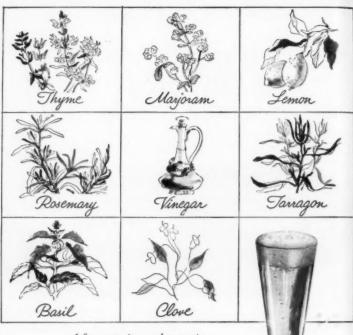
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MEDICAL ECONOMICS . FEBRUARY 16, 1959 59



A few suggestions on how to give your patient a diet he can "stick-to"—

The Low Sodium Diet

Here are some things your patient can do to season his Low Sodium Diet. Spices and herbs, lemon and lime, variously flavored vinegars and pepper are all he needs.

Thyme, marjoram and pepper add new zest to hamburger. Chicken's delicious with lemon, rosemary and sweet butter to baste.

He can try savory on limas, tarragon with carrots, basil with tomatoes. Onions boiled with whole clove and thyme delight the taste of an epicure! With these flavor tricks to add zest to his meals—and a glass of beer* now and then, at your discretion, your patient has a diet he can "stick-to."

-and a glass of beer, with your consent for a

morale-booster

*Sodium: 7mg./100 gm., 17 mg./8 oz. glass (Average of American Beers)

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Beer—America's Beverage of Moderation



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60 MEDICAL ECONOMICS · FEBRUARY 16, 1959

Reported results with RONIACOL in intermittent claudication



FROM HALF A BLOCK TO TWO MILES. The patient, a 57-year-old white male with peripheral arteriosclerosis of about three years' duration, complained of pain in the right leg after walking half a block. After four weeks of treatment with Roniacol (75 mg per day), he was able to walk 20 blocks-and later two miles -without a sign of intermittent claudication. Three years after discontinuing therapy, "he still is able to walk unlimited distances and is without need of treatment."*

CONVERTED TO PURE VITAMIN IN THE BODY. Roniacol is not an adrenergic blocking agent; it is converted to the pure vitamin form (nicotinic acid) in the body and acts directly on the smooth muscle of the vascular wall.

EMINENTLY SAFE. There are no known contraindications to Roniacol. "Patients up to the ages of ninety have tolerated the drug in doses up to 600 mg with no adverse effects."*

*M.M. Fisher and H.E. Tebrech: New York State J. Med.

Available in scored 50-mg tablets, bottles of 100, 500, and 1000. Roniacol Elixir, containing 50 mg of Roniacol per teaspoonful (5 cc), available in bottles of 16 ounces and one gallon.

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(one 400 mg. tablet q.i.d.)

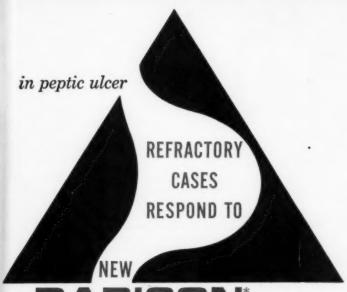
QUIACTIN provides greater tranquility, yet avoids the drowsiness that causes patient discomfort or oversteps the bounds of safety.1 Work, and other normal activities, continue with no drop in efficiency.2 Structurally, QUIACTIN is a glycidamide ... atom by atom, a completely new tranquilizer, prolonged in activity, nontoxic, noncumulative and free of withdrawal symptoms. QUIACTIN will not deepen depression if it is present. Another Exclusive Product of Original Merrell Res

atric Assoc. Meeting, October 7, 1957. 2. Feuss, C. D. and Gragg. L. Jr.: Dis. Nerv. Sys. 18:29; 1957. TRADEMARKI QUIACTING



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ARICON* tablets

POTENT ANTICHOLINERGIC ACTION

curbs secretion when excessive normalizes motility when overactive

Activity appears to be restricted to the desired site of action. Predictable therapeutic response in refractory cases.

Potency and Prolonged Duration of Action 10 mg. b.i.d. Average Dose · Supplied as: 10 mg. white, scored tablets

References: 1. Finkelstein, Murray: Journal of Pharmacology and Experimental Therapeutics, in press. 2. Winkelstein, Asher: Paper in preparation. *Trademark

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THE CLINICAL PICTURE of the suspected hypothyroid patient is often vague. To confirm your suspicions and bring him into diagnostic focus, a therapeutic test with Proloid will prove decisive.

Such hypothyroid patients with few exceptions must have lifetime thyroid supplementation. No wonder then that many physicians prefer Proloid for a safe, predictable metabolic response. It is odorless, economical and acceptable to the patient for long-term therapy.

Proloid is the *only* purified but complete thyroglobulin. Proloid is assayed chemically to assure unvarying amounts of organic iodine, and biologically to assure uniform metabolic potency from lot to lot. Specify Proloid whenever thyroid therapy is indicated. Proloid is prescribed in the same dosage as ordinary thyroid but its response is smooth, uniform and predictable.



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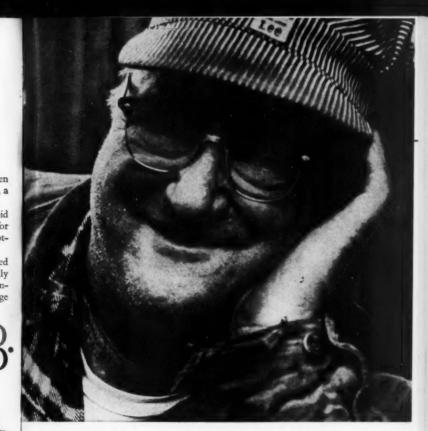


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ack at work ... no angina in 2 months ... on Metamine Sustained b.i.d.

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wity has special therapeutic value.\(^1\)
TAMINE\(^9\) SUSTAINED, b.i.d. (1 tablet
rising and 1 before supper) provides
of protective medication for the acemployed anginal patient. There is
to danger of skipped doses; patient
more faithful" to this simplified regiAnd METAMINE SUSTAINED protects
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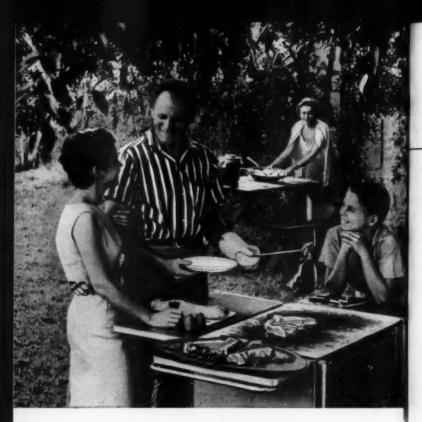
n you prescribe METAMINE Sus-NED, q. 12 h., your patient requires less nitroglycerin and remains fully responsive to that vital emergency medication. And METAMINE SUSTAINED (aminotrate phosphate, 10 mg., LEEMING) is virtually free of nitrate side effects (nausea, headache, hypotension).²

Supplied: bottles of 50 and 500 sustainedrelease tablets. Also: METAMINE, METAMINE WITH BUTABARBITAL, METAMINE WITH BUTA-BARBITAL SUSTAINED, METAMINE SUSTAINED WITH RESERPINE.

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in, A.; J.A.M.A. 168; 147, Sept. 13, 1958. 2. Fuller, H.L. and Kassel, L.E.; Antibiotic Med. & Clin. Thorapy, 3:322, 1956.



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Mother isn't just more tranquil on "Premarin" therapy. Hundreds of published reports tell us she takes a positive outlook on life. She feels good. And we all know that's the single most important factor for a happy home.

Women on "Premarin" receive treatment that covers every aspect of the menopause, including prompt relief of physical distress.

Is it any wonder physicians say the woman suffering in the menopause deserved "Premarin"? Many a family would agree.

"Premarin," conjugated estrogens (equine), a complete natural estrogen complex is available as tablets and liquid, and also in combination with meprobamate of methyltestosterone.

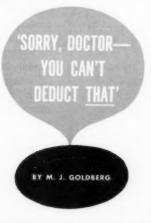
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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, FEB. 16, 1959



Who says so? Internal Revenue agents, that's who. So steer clear of unorthodox tax deductions. They only bring on T-men and trouble

The revenue agent ran a practiced finger along the column of figures. At first, all the professional deductions the doctor had listed on his tax return seemed to be in order. But then the agent paused and tapped his finger thoughtfully.

The next day, a form letter went out to the South Carolina general practitioner who had sent in that tax return. The letter began: "Your Federal income tax return for 1957 has been selected for audit. Please assemble all your records and canceled checks..."

Soon after the letter arrived, so did the T-man. "Doctor," he said, "we're especially curious about that item listed under your professional deductions:

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'SORRY, DOCTOR-YOU CAN'T DEDUCT THAT!'



'One hat, gray fedora . . . \$10' "

"It's quite simple," the doctor explained. "While I was on a house call, I laid my hat on the table, and the family dog chewed it up. The way I see it, that was a practice-connected cost. Why can't I deduct it?"

And so the T-man told him: "A hat is personal property, Doctor. You can't call your clothing a professional expense, any more than a truck driver can deduct for the wear and tear on the seat of his pants."

The ruling on the hat, unfortunately, wasn't the end of the audit. The T-man stayed to make an exhaustive study of the doctor's other deductions. In the end, he found nothing else wrong. But the audit upset the doctor's schedule for a week—all because of a \$10 error.

Under our self-assessment system of taxation, every doctor has to decide for himself what is or is not a legitimate deduction. If you're faced with a borderline item, you have every legal right to decide it's deductible. But you're courting trouble if you stretch the borderline too far.

Some American taxpayers—not doctors—have pushed the borderline unbelievably far. According to experienced revenue agents, many a dog and cat has been listed as a dependent. Many a family dinner has been charged off under "charitable contributions." And with a certain grim humor, many an alimony payment has been listed under "professional entertainment."

Not long ago, an undertaker won fame because he deducted all his grocery bills as a professional expense. His reason: While shopping, his wife invariably chatted with the neighbors, all potential customers for his services.

A Portland, Ore., man bought a piece of property in 1940 for \$6,000, sold it in 1957 for \$8,000, then claimed a \$2,000 loss on his tax return. "The dollar's worth only 50 cents now compared with 1940," he commented when a T-man paid him a visit. "As I figure it, I actually lost money on that property deal."

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It's doubtful if doctors go in for such far-fetched gambits. But every year, some medical men are slapped down for taking deductions that are based on wishful thinking—not on the Internal Revenue Code. Witness the following examples, newly collected from Revenue agents, tax consultants, and doctors themselves:

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A G.P. in Providence, R.I., claimed a whopping big deduction last year for the cost of leveling off the steep grade leading to his garage. "I might have to make a professional call some night during a big snowstorm," he later explained to the revenue agent. "The new driveway would quite literally be a lifesaver."

The T-man disagreed. "I notice that your garage is at the top. of the slope," he said. "Seems to me all you'd have to do is coast your car down it." Deduction disallowed!

Another unorthodox deduction appeared last year on the



tax return of a Boston dermatologist. He claimed a professional deduction for the cost of replacing the hot-water heater in his home. He figured this outlay was "ordinary and necessary" in the conduct of his practice.

"I need hot water to stay healthy," he told the T-man, "and I must stay healthy to continue my practice. So wouldn't you say a new heater is a necessary professional expense?"

No, the T-man wouldn't. Deduction denied.

Undoubtedly you've heard stories about other medical men who've taken tax deductions for things like yachts and summer homes and swimming pools. Such stories have misled many an M.D. into taking professional deductions that weren't really practice-connected.

Deductions of this type stand out like a beacon on a doctor's tax return. They're almost certain to result in an audit. And it's

'SORRY, DOCTOR-YOU CAN'T DEDUCT THAT!'

a rare doctor who can prove that such outlays had a legitimate business purpose and brought demonstrable business benefits.

A while ago, a Southern orthopedist claimed a tax deduction for the swimming pool in the back yard behind his home. He had many handicapped and crippled patients, and he knew they would benefit from swimming. Since there'd been no suitable pool in town, the doctor had built his own. His patients had free use of it on weekdays. The doctor's family and guests used it only on week-ends.

Under these special circumstances, the doctor was allowed a deduction for half the cost of maintaining the pool, as well as half the depreciation.



Much more often, such deductions don't stand up under the T-men's scrutiny. Last year, for example, an internist in an Eastern city deducted a share of the cost of his swimming pool. His only justification for it: "I solve many of my most difficult diag doctor nostic problems while splashing turns? around."

It wasn't justification enough His deduction was denied.



physicians get into trouble because they magnify legitimate deductions into illegitimate ones. One tax agent tells of a doctor who bought at air conditioner for his office in 1957. On his tax return, he listed the machine with his other capi tal assets and took depreciation on it. This was perfectly proper if you But then, under the heading you ca "drugs and supplies," he liste heat, it a second time and deducted it you u full cost.

"All I did was follow the did deduc rections that came with the tal the to return," he protested when Tilikely men challenged him. Fortunate visitor ly for him, they conceded the partme double deduction was unintentional. Otherwise, he might have tween faced fraud penalties.

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solve What other mistakes do many diag doctors make on their tax reishing turns? The Internal Revenue Service says these are among the most common:

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They mistakenly deduct large uncollected accounts as "bad debts." Bad debts can be claimed only when the uncollected money was previously declared as income—or when it was actually loaned.



They try to get full tax allowcapi ances for expenses that are only partly professional. For example, open if your office is in your home, adin, you can deduct only part of your listed heat, light, and phone bills. If ed it you use a car for both business and pleasure, a proportionate e di deduction is all you get. Deduct e tax the total expense and you're n I likely to play host to an official nate visitor from the Treasury Dethe partment.

nten They fail to distinguish behave tween long- and short-term capital gains. The profit from the sale of an asset you've held longer than six months is taxed at a special low rate. But some doctors assume that all capital gains are entitled to the lower rate. They're not, as T-men are always quick to point out.

Because of past mistakes like these, more and more doctors are getting professional help in filling out their tax returns. They're finding that a qualified tax consultant will often save them more in taxes than the cost of his services. Best of all, by cutting out all the little bloopers, he reduces the likelihood that the doctor will be called in for a time-consuming tax audit.

One Eastern G. P. turned to a tax consultant just this year. Last year he made the mistake of asking his office aide to compile a list of his family's medical bills for 1957. She finished just before the deadline, and the doctor didn't take time to check it. A few months ago, he got this letter from the I.R.S.:

"We are unable to understand how some of your medical deductions can refer to your own children. We refer specifically to: Delousing Esther . . . \$5; Detailing Skippy . . . \$8; Desexing Miriam . . . \$20." END



This doctor resigned as president of his state's Blue Shield plan because his colleagues wouldn't agree to . . .

CUT BLUE SHIELD'S UMBILICAL CORD!



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that the EDITOR'S NOTE: Last year the Blue Shield plan in Connecticut decided to offer a new contract with a higher income ceiling and higher fees. Connecticut doctors rebelled. They didn't like the new contract. They charged that Blue Shield leaders had been high-handed in their efforts to railroad it through. They caused such a ruckus that national officers of Blue Shield were called in to arbitrate.

The arbitrators left the way open for further negotiation on the new contract. But at the same time, they recommended that the state medical society be given more direct authority over the embattled Blue Shield plan. The plan's president, Dr. Thomas J. Danaher, wouldn't accept this. It meant that Blue Shield board members' primary interest "must be the welfare of the physician and not the welfare of the public," said Dr. Danaher in resigning.

This is no local issue, but a national one. The same problems may occur in any other populous industrial state—perhaps your own. Here, for the first time, Dr. Danaher explains why.

By Thomas J. Danaher, M.D.

quit as president of my Blue Shield plan because other doctors wouldn't accept my views as to who should control it. I'm still convinced that a new Blue Shield philosophy is needed—nationally as well as locally. It's my conviction that doctors will have to give up the idea of controlling Blue Shield, because too many other people have a stake in it too.

Of course, it wasn't always that way. Once, Blue Shield was the doctors' own special project —our way of guaranteeing at

least minimal fees from low-income people. But we promoted it to the public as an alternative to national health insurance. And we found that the demand wasn't limited to the poor.

Now the plans hold in trust tremendous amounts of other people's money. We physicians can't expect to keep exclusive control of the plans simply because most of that money is earmarked for us.

Nor can we expect Blue Shield to remain the exception among all other voluntary nonprofit or-

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ganizations. Hospitals, health agencies, and all the rest are controlled by disinterested parties. Blue Shield is the only such enterprise that's controlled by the people for whom it's a source of income. It cannot logically remain so.

If doctors won't accept this logic, it may be forced upon them. Labor, for instance, may muscle in by working through the state legislatures. In my state, such an effort is under way right now.

Labor Wants a Voice

We have a Blue Shield board composed of six doctors and six businessmen. That's considered a "liberal" board; some other Blue Shield boards have no lay representation at all. Even so, the last state A.F.L.-C.I.O. convention passed a resolution urging Connecticut Medical Service to add a labor spokesman to its board.

What's more, the labor people set a deadline. And they warned that if what they want isn't done "voluntarily," they'll introduce legislation to compel it.

State governments, if they get into the picture, may force other changes on Blue Shield. I've heard legislation discussed that would give the state's Governor the right to appoint all members of a Blue Shield board. I've heard legislation discussed that would regulate doctors' fees. And I've heard support for this idea in the strangest places.

They'd Regulate Doctors

For example, some commercial insurance people believe that no matter how high they make their fee schedules, physicians always charge more. Some of these insurance men have become highly critical of fee-forservice medicine. And if there were a push for state regulation of doctors' fees, insurance interests would go along with labor and management in supporting the idea. From all of them you'd hear that medical care is as vital to the nation's welfare as the railroads or the power companies; that medical care is a monopoly in the hands of doctors; and that monopolies must be regulated.

How to Fight 'Em

What's the doctors' best defense against these possibilities? I'm convinced it's to make Blue Shield more of a public institution. Then the Blue Shield plans will be tion of that gover from respondent and of interes

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will be more nearly in the position of other nonprofit agencies that are granted freedom from government regulation (even from taxation) because they're responsible directly to the public and operate wholly in the public interest.

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To achieve this status, Blue Shield plans will have to put more laymen on governing boards than most plans have now. And some of these laymen may turn out to be persons whose philosophy is quite different from ours. But we're going to have to live with them.

They Won't Be Puppets

Furthermore, the physicianmembers of such boards will have to have a free hand; they won't be instructed delegates from state medical societies, powerless to act on their own. They'll serve as citizens—medically knowledgeable citizens, of course, but no more tied to the apron strings of organized medicine than a banker-board member is to the American Bankers' Association.

Will this jeopardize the doctors' interests in those aspects of health insurance that affect their pocketbooks? It might, if the only medical influence on Blue Shield comes from those statesmanlike citizen-doctors who will serve on the board. But why should that be the *only* such influence?

M.D.s Will Be Heard

If we organize things right, we can also have another kind of medical representation: a committee of doctors whose job will be to negotiate with the Blue Shield board. Such a committee will correspond to committees of labor and other consumer groups. Its function will be to argue medicine's case to the board. The board will then reconcile the needs and requests of all interested parties-including medicine—as impartially as possible.

Which Would You Prefer?

I'm willing to trust my economic fate to such an organization. I think I'll fare better than I would if my financial destiny were controlled by a state commission that set my fees—or by a Blue Shield plan reorganized as a quasi-governmental agency, with a politically appointed board.

Don't you think so too? END

Here at last-but will they buy it?

A Code of Ethilfo

You and your colleagues have a workable code of ethics. Have you ever wished somebody would draw one up for your patients as well? If so, your wish has been granted. The eight rules of conduct listed below were practice-tested by the late Dr. Hal M. Davison of Atlanta, a long-time member of the faculty of Emory University School of Medicine and past president of the Medical Association of Georgia. Shortly before his death last year, Dr. Davison told senior medical students: "I attempt to teach my patients" this code. Here it is, with slightly skeptical illustrations by Al Kaufman:



I will remember that my doctor has other patients besides myself, and I will be considerate of that part of his time that belongs to them.



I will remember that, like myself, my doctor is a human being who needs some association with his family and some rest and recreation.

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for Patients—



gently, observe the effects of the treatment, and cooperate with him in making changes as necessary.

I will have a yearly health examination, take care of my health, and not wait for treatment until I am in a serious condition, then expect my doctor to produce miracles.





When I go to a doctor, I will study my case with him, carry out his instructions intelli-

When I have accepted a doctor's services, if I am financially able to pay standard charges, I will do so promptly and without quibbling. If I am not able to pay these charges, I will tell the doctor at once and arrange terms commensurate with my financial status. If necessary . . . I will do this before accepting services.

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A CODE OF ETHICS FOR PATIENTS



If I decide to dismiss the doctor who is caring for me, I will inform him of my decision and give the reason for it. If his knowledge and experience may be of help to my next doctor, I will request a résumé of my record for him.



If I have a misunderstanding with my doctor, I will select

another physician instead of continuing to go to the doctor and talking about him behind his back.



I will not interfere with the treatment of patients who are under the care of ethical and competent physicians, and who are not my responsibility. If I desire consultation for a sick friend when, in the opinion of the family and doctor in charge, it is not necessary, I will request it, pay for it myself, and not penalize my friends financially in order to satisfy my own peace of mind.



Who's Liable— You or the Nurse?

When something goes wrong in the hospital, the law often holds supervising doctors responsible. This lawyer cites several cases that prove the point

BY EMANUEL HAYT, LL.B.

The defendant, a Colorado surgeon, was certain he couldn't be held liable for the operating-room accident. The nurse-anesthetist had been negligent; the orderly had been thoughtless. He was sure the jury would see where the blame lay as soon as it knew the following facts:

The patient had been on the

operating table when the surgeon entered the room. The nurseanesthetist was at the patient's head, an orderly at the foot of the table. The surgeon told the orderly to place the patient on his side, and the orderly obeyed.

Turning to have his gown tied, the doctor told the orderly to "strap the patient." But when the orderly left the table to get a strap, the patient fell to the floor and was injured. Now he was suing the surgeon for damages.

The doctor's defense: (1) The patient was in the charge of the nurse-anesthetist and the orderly

THE AUTHOR is a nationally known authority on the legal problems of hospital and medical care. He is co-author of several books on various aspects of the subject.

when the accident occurred; (2) the orderly was a hospital employe over whom the surgeon exercised no control; and (3) the nurse-anesthetist was an independent contractor whose services were paid for by the patient. In the light of these clear facts, could anyone consider the doctor liable?

The jury could—and did.

Upholding the verdict, the Court pointed out that the nurseanesthetist couldn't be expected to give full attention to the patient, since it was her duty to make chart entries. And, said the judge, the doctor had assumed command and responsibility by giving a specific order to the orderly. So he'd been negligent in telling the orderly to do something that would leave the patient momentarily unattended.

This doctor now knows more than he used to about the subtleties of operating-room responsibility. How about you? Are you aware of the conditions under which you may be liable for a hospital employe's error? For your own protection, you should be aware of them.

Laws and hospital customs vary from one state to another, of course. But there are certain

broad principles that govern the legal liability of doctors and nurses in hospitals. Let me state these principles in the simplest possible terms:

1. The doctor is liable when the hospital nurse acts under his direct supervision and he has had a chance to check her error. For example:

An Oklahoma surgeon told the operating-room nurse to remove the bandages and clean a child's skin in preparation for reducing a fractured collarbone. After the fracture was reduced and the cast applied, the doctor noticed that the skin was blistered. Later, when the cast was removed, there was a burn from the shoulder to the small of the back.

In the suit that followed, the surgeon alone was held liable for the accident. True, the nurse was a hospital employe, but she had worked under the doctor's supervision. Doing so, she became his special employe. So her negligence in burning the childwhich he could have observedwas his responsibility.

2. Both nurse and doctor may share the liability if it's proved that he wasn't able to supervise everything she did under his orders. an ex A

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A 3-year-old child was admitted to a hospital for an emergency operation. The surgeon told the operating-room nurse to apply hot-water bottles to the patient's feet. After the operation, the floor nurse discovered that the child's feet were burned.

In court, both the surgeon and the nurse were held liable for negligence. The reasoning behind the verdict:

Application of hot-water bottles isn't routine operative procedure (such as sterilizing instruments, preparing gowns and gloves, etc.), but is a decision for the surgeon to make. Since the doctor had given the order, he was responsible for it. But since he was occupied with the operation and couldn't see the effect of the bottles, the nurse was equally liable for her error.

3. The nurse alone is liable only if the doctor has no knowledge of her mistake and no connection with it. To illustrate:

A California doctor asked a hospital nurse for Novocain to use as an anesthetic during an operation. Instead she handed him Formalin. He injected three or four drops in the operative area; and the patient was severely burned.

The court ruled that the doctor had every right to expect the nurse to be competent, and he had no way to check her carelessness. So he wasn't liable.

4. The doctor may be held liable for a nurse's error even though hospital "custom" fixes responsibility on the nurse.

After an operation for ectopic pregnancy in an Arkansas hospital, a sponge was left in the patient's abdominal cavity. It sloughed out through the rectum nine months later. The surgeon and his assistant were sued. But they claimed that it was the duty of the attending nurse (a hospital employe) to count sponges, and that she and the hospital should therefore be held responsible for the mistake.

As in most similar cases recently, the jury took a different view. Apparently, a hospital custom of leaving the sponge count up to the nurses *does not* absolve doctors of liability for an error.

 The doctor may be held liable for a mistake made even by a hospital-employed nurse-anesthetist.

In a recent North Carolina case, it was charged that a child

had died of an overdose of anesthetic administered by a hospital nurse. The hospital, the nurse-anesthetist, and the surgeon were all named as defendants. But the surgeon alone was judged liable. Reason: Since he had full control over the nurseanesthetist in the operating room, his duties and liabilities were the same as those respecting all other phases of the operation.

6. Both doctor and nurse may be held liable for an accident if the blame can be fixed on neither. A California case offers a good example:

During or shortly after a major operation, the patient suffered a third-degree burn. In court, the patient testified he'd been unconscious and didn't know what had caused the burn. This called the doctrine of res ipsa loquitur (the thing speaks for itself) into play. It was up to the defendants to explain the injury. And because they couldn't do it, judgment was against them all—the hospital, the nurses, and the doctors.

What do the above court decisions show? Generally, that you can be held liable for any mistake of a hospital nurse if you're directly supervising her. The courts tend to regard an operating surgeon as the captain of a ship: He's responsible for all on board.

To the harried doctor who says, "I can't watch every single thing that everybody does in the O.R.," the overwhelming weight of court verdicts gives a terse answer:

You'd better try. END

irst choice

After a particularly trying day, a young mother I know said wearily to her 4-year-old son: "Why can't you behave nicely, like the little boy next door?"

"Because his daddy's a doctor," the lad replied.

"What's that got to do with it?" she asked.

"Well," explained her son, "doctors always keep the best ones for themselves."

—IRENE LEVY



She likes her work and she's devoted to you, says this keen observer—but she secretly feels she'd do a better job for you if you did a bit more for her. For instance...

By Horace Cotton

I've met more than 1,000 doctor's aides—the nurses, secretaries, bookkeepers, and technicians upon whose shoulders fall a terrifying complex of chores. So although I don't pretend to know what makes *your* Girl Friday tick, I've had plenty of chances to observe girls just like her at work in physicians' offices.

Is there a *typical* Girl Friday? No. She needn't even be a girl—in years. I know several aides who are past 60. I know tall ones, short ones, heavyweights, flyweights. Some are genuine beauty-contest winners, some look like pugil-

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THE AUTHOR heads his own medical management firm, with headquarters in Southern Pines, N.C.

WHAT YOUR AIDE WON'T TELL YOU

ists; some are gentle, and some are tough.

But although the aides I've known come out of many molds, they do have some characteristics in common. I'm willing to wager that if your girl is competent and dependable, she fits the following description:

She likes her job. She's devoted to you. She's eager to learn. She's thoroughly honest. But she feels—sometimes rather vaguely -that you don't entirely appreciate her services to you.

I've asked hundreds of girls why they've become doctor's aides. Four out of five say they're sold on the very idea of such work. They want to help people. Since the physician is classically the helper of others, Girl Fridays get satisfaction from being on his team.

But here's the first gripe from many of them: They tell me they'd recogn

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WHAT YOU WON'LL

In the accompanying article, Horace Cotton writes about some things that bother doctor's aides—but that the girls are reluctant to discuss with their bosses. Here, as he sees it, are some things that you apparently neglect to tell your Girl Friday when you

WHAT CEILING her pay can go up to for good service.

WHAT SIZE the raises will be.

HOW OFTEN the raises will come.

HOW MUCH overtime she'll really have to work. (Most physicians, the girls say, merely mutter something like: "You understand, of course, that a doctor can't always get through at 5 o'clock, as a businessman can.")

WHETHER her two weeks' paid vacation includes legal holidays or not.

WHETHER there'll be a Christmas bonus. And if so, how much. WHAT your policy is about medical care for her and her dependents, if any.

WHETHER you'll growl if she's late because her child is ill, after

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Trouble is, I gather, you're likely to consider your girl an aid, not an aide. Stethoscopes, scalpels, examining tables are aids. The girl who fronts for you, fetches and carries for you, and acts as a constant buffer for you is a lot more than just an inanimate tool. She wishes you'd remember that.

As I've said, she's devoted to you. She admires your work so greatly that she's willing to knock herself out shielding you from the irksome details of the office, so that you can concentrate on just being a doctor. But you often tend to take her best efforts for granted.

Why? Because, says Girl Friday, you don't actually inform yourself of all she does for you.

"I had forty-two people in the

LL YOUR AIDE

she has worked through the lunch hour for the last three days without complaining.

WHETHER she has to take the money to the bank every day, give it to you for safekeeping, take it home with her every night, or just leave it in the cash box.

WHETHER you want her to keep a strict appointment schedule that you'll try to respect just as much as she does.

WHAT TO SAY to patients who insist on speaking to you personally, even though you're obviously snowed under with work.

what to be about collecting from patients who haven't paid for a year and still keep coming to the office (especially when they tell her you've told them not to worry about payment).

How to get insurance salesmen and other nonessential callers out of your consultation room when the reception room is chock-a-block with patients tapping their feet.

HOW TO LEARN your medical terminology quickly.

HOW TO MAKE old typewriters, old adding machines, and old dictating equipment work like the latest models.

office today," one aide told me not long ago. "He [you're always HE] saw twenty-nine of them. Of course, I greeted the twenty-nine, pulled their charts, started charge slips for them, gave twenty of them return appointments, collected money from nine of them, made out day-book entries for all of them. But I also handled the thirteen others on my own.

The Ones He Didn't See

"Five of them were relatives of patients, and one of these was a 2-month-old baby whom I took over for nearly fifteen minutes while the mother was in with the doctor. Three were patients who came in this morning before He came in from the hospital. One was for a BMR, and two were for injections.

"Two others came in response to letters I'd written about their overdue accounts. One visitor was a detail man who waited an hour to see Him for three minutes. One was an office-machine salesman. One was a plumber who came to unstop a stoppedup sink in an examining room.

"I also handled twenty-five telephone calls today—mostly routine stuff. But seven were for Him, and I had to make out callback slips and see that He returned the calls.

"An unusual day? Not particularly. Except that this is billing time. So during the next three days I have to send out 250 statements.

"The mail? Yes, the mailman came twice today. Most of what he brought was stuff I'm expected to handle myself."

Have I been quoting a tirade from someone with an exaggerated idea of her own value? Not at all. That girl is one of the most loyal and devoted secretaries I know. But she couldn't help blowing her top to me because the doctor had picked this day to tell her he'd accepted the secretaryship of the county medical society for the next twelve months. So, he'd explained, she'd have a "bit of extra typing" to do.

They Want to Learn

Actually, she was proud for him. Only—well, in her own words: "He just doesn't think."

Another complaint I've often heard may surprise you: The girls feel that you're not willing enough to satisfy their desire to learn. In my experience, most of them want to be [More on 288]

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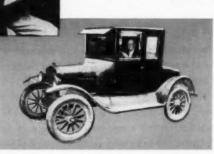
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e Made House Calls at 100

It was 1897 when Dr. John B. Cummins took his horse and buggy on his first house call in the Cherokee Strip. He'd worked his way through college and the University of Nashville Medical

School and was then almost 40. In the years since, he bought the 1925 Model-T Ford shown here, moved to Fort Worth, Tex., and delivered enough babies (some 3,000) to populate a fair-sized town. He sold his Model T in 1956, but he kept on making house calls via taxi or bus—and seeing office patients from 8 to 5, six days a week. Several weeks ago, when he celebrated his hundredth birthday, he was America's oldest practicing M.D. The Sunday after Christmas, he fell, fracturing his hip. And on New Year's Eve, he died. END



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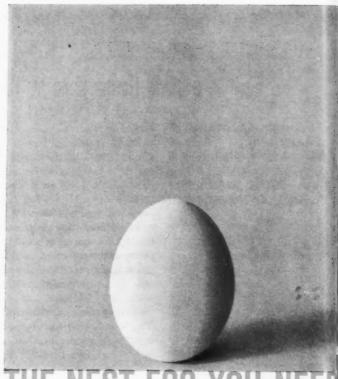
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THE NEST EGG YOU NEED

How much will it take to finance your family's future whether you die prematurely, become disabled, or live to retire? It will take at least \$125,000 — and maybe as much as \$200,000—if you have a wife and two children, this article says. But watch out! If you lay a lopsided nest egg, or too large a one, you'll be worse off than smart men with small estates

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On my desk lie the personal and financial records of three doctors in similar circumstances. Each man is worth more than \$250,-000. Each is nearly 60. Each has asked me to review his financial plans for the so-called retirement years.

They also have something else in common. One has a ne'er-do-well son. The wife of another is an alcoholic. The third man's wife is under treatment by a psychiatrist.

I can be of little real help to any of these three men. They already have more than enough money for either full or partial retirement. And I can't give them what money won't buy. It's too late for me to point out that they've made the mistake of working so hard for family security that they've had to neglect family welfare.

That's an all-too-common mistake among doctors. Let me tell you in some detail about two other physicians to whom I've been able to give more help—just because they're still young enough to change their ways. I've

disguised identifying facts in both cases. Otherwise, they're true stories.

Dr. Patterson is a 43-year-old surgeon with a wife and two young daughters. In 1957 he grossed \$75,000 and netted \$48,000. His practice is still growing. He has life insurance worth \$220,000. His bank accounts and stocks and bonds would bring his net estate up to about \$235,000 if he were to die tomorrow. That doesn't include his home, medical equipment, or accounts receivable.

Yet when he asked me to visit him some months ago, you'd have thought he was broke. In his own mind, he was broke. He wanted me to reassure him that he'd be justified in giving two of his three aides a vacation without pay while he attended the A.M.A. convention in San Francisco.

He couldn't afford to pay them while he was gone, he said. He couldn't afford to take his wife along to the Coast. He couldn't afford to take an extra week or two of vacation after the convention had ended.

When I asked him why not,

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THE AUTHOR heads the professional management firm of PM-Detroit.

he explained that he'd recently invested \$8,000 in new equipment. He felt he had to earn back the money as soon as possible. Besides, he couldn't afford extra expenses because he had to expand his savings-and-investment program. It was too small to provide for his family's future or his own.

I agreed that Dr. Patterson needed to beef up his investment program. But I also persuaded him to give his aides a vacation with pay, to take his wife along to the convention, and to treat her and himself to an extra week of sight-seeing in California.

I did so by assuring him that if he were suddenly to die, his current assets were enough to enable his wife to live in comfort for the rest of her life and to send both his daughters to college. Later on, I'll explain my reasoning. But first let me move on to the story of Dr. Lovett.

\$99,000 a Year

Dr. Lovett is a 55-year-old orthopedist with a wife and a teen-age daughter. In 1957 he grossed \$99,000, netted \$60,-000. Like Dr. Patterson's, his practice continues to grow. He's putting \$18,000 a year into growth stocks. He's already worth about \$312,000, not counting his home, his medical equipment, or his accounts receivable.

He holds office hours five and a half days a week. On Sundays he makes hospital rounds and does emergency surgery. He considers himself lucky if he takes more than two weeks of vacation a year. Vacation? That's not quite the word: He usually spends it at medical meetings.

He 'Couldn't Afford It'

His family wish they saw more of him. Last year, his wife almost talked him into taking a six-week vacation trip to South America. But Dr. Lovett wasn't sure he could afford that much time off.

Why not? Well, the doctors who referred patients to him might not like it if he sent some of the patients elsewhere. Besides, he couldn't afford the income loss. He still had his daughter to think of, not to mention his own retirement needs.

"Your daughter, Doctor?" I said. "Do you want her to be a target for fortune hunters?"

"Oh, no," he replied swiftly. "I wouldn't want that."

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holds?

"But, Doctor," I said, "look at the rate you're stashing it away. In ten years, she'll be the potential heiress to over \$500,000."

"I hadn't really thought about that," he said. "Anyway, I may quit when I'm 60."

"And do what?"

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"Find a hobby," he answered. I smiled. "Do you really think you'll find a hobby to take the place in your heart that medicine holds? Will you find something

that will eat up the six and a half days a week you now spend at your practice? Sure, you may want to cut down. But do you honestly believe you'll suddenly lose all interest in medicine on the day you turn 60 or 65?"

"No," he answered after a long pause. "I can't conceive of dropping it entirely."

As a result of our conversation, Dr. Lovett is modifying his financial plans. In the meantime,



"A bill? For what? The doctor didn't find anything wrong!"

he has taken his vacation trip to South America. One of these days, I hope I can persuade him to shorten his workweek too.

So I've been able to persuade Drs. Patterson and Lovett to limit their financial goals in order to get some joy out of life now. What about you? Is your financial planning realistic? Or are you also working too hard at piling up a fortune you'll probably never need?

Targets for YOU

To help you answer those questions, let's consider what seem to be sensible goals for the typical doctor:

You want to plan for your socalled retirement years. But you also need to think about two other possibilities: early death and long-term disability (or catastrophic illness within your family). Let's look at the last two contingencies first:

EARLY DEATH: I often find that doctors have insured themselves for more money than their families would actually need. I think you'll agree that actual needs boil down to these three:

1. Your wife should be provided for during the rest of her life.

2. Your children should be able to get as much education as they can absorb. (This is an important point. Too many physicians save money, willy-nilly, "for the kids." Yet I've never met a doctor who wants to leave his daughter so well fixed she'll be a catch for adventurers, or his son so wealthy he'll have no incentive to work. What the typical doctor really hopes is that his children will be well educated and self-reliant. A big fortune isn't needed to provide for education, and it can destroy selfreliance.)

3. There should be a little extra, just for everyone's peace of mind.

How Big an Egg?

The above goals are reasonable. What does it take to meet them, as I figure it?

If you have a wife and two children who are in high school, it will take a minimum of \$125,-000, plus a fully furnished home and a car that's paid for. A better -and fully adequate-estate would amount to \$175,000, plus home and car.

If your children are still in grammar school, you'll need at least \$150,000. [More on 268]

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How Much TIME OFF For Men in Partnerships?

Although many teams make no guarantees about time off, a doctor-partner

can often count on four weeks' annual vacation and two weeks to attend medical meetings and take refresher courses

BY HUGH C. SHERWOOD

Physicians offer a great variety of reasons for entering partnership practice. But one of the classic reasons they give is that they want more time off.

The question is: Does partnership practice really provide them with the greater freedom they seek?

The twofold answer turned up

by a recent MEDICAL ECONOMICS survey: (1) Yes, it apparently does, but (2) you'll pretty much have to take the physicians' word for it. A large number of the surveyed partnerships have no specific agreements on how much time off each doctor can take, at no loss in income, for vacations, medical conventions, refresher

THIS ARTICLE is the fifth in a series based on a MEDICAL ECONOMICS study of some 500 two- and three-man partnerships. For the earlier articles, see the issues of Dec. 22, 1958, and Jan. 5, Jan. 19, and Feb. 2, 1959.

courses, and the like. The partners decide such questions only as they arise.

Those are the key findings that the survey unearthed on the time-off arrangements of nearly 500 small partnerships. So let's look at them a little more closely.

Proof of the Pudding

1. The surveyed doctors most probably do get more time off than they'd get in solo practice. The evidence: Physicians in only twenty-six of the 500 partnerships say they get no more free time. Far more typical than complaints are comments like the following:

From a Texas radiologist: "I now have time to take my kids fishing. I also have time to manage outside investments. My working hours have been reduced from 7 A.M.-6 P.M. six days a week to 8 A.M.-4 P.M. five days a week."

From a Delaware OB/Gyn. man: "When I formed a partnership, I had an opportunity to leave my home town for the first time in two years."

From an Indiana G.P.: "I spent two weeks at a lakeside vacation spot when five of my OB patients were overdue."

From an Illinois G.P.: "Partnership practice provides more time off that really is time off."

2. But the physicians often avoid precise agreements on exactly how much time off they may take. Specifically: About five in twenty partnerships have no provisions governing the length of vacations. About eleven in twenty have no sick-leave provisions. About twelve in twenty have no provisions governing attendance at medical meetings. About fifteen in twenty have no agreements on taking time off for refresher courses. And fifteen in twenty haven't decided what they'd do if a partner were recalled by the Armed Forces.

They Rarely Worry

Doesn't lack of specific agreements on such matters bother the surveyed physicians?

Not usually. In more than threescore of the surveyed partnerships, for instance, there's no set limit on the amount of time the partners may have off to attend medical meetings or take refresher courses. In most of the other partnerships that aren't governed by specific provisions, the physicians say they take time off or sick leave "as needed,"

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"as desired," or "as agreed upon." In short, each partner trusts the other not to take unfair advantage.

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Says a Wyoming ophthalmologist: "The only specification we have on time-off periods is that we get equal amounts of vacation each year." He indicates that the length of the vacations is decided on a year-to-year basis.

Adds an Alabama pediatrician: "We each feel free to take off any time necessary for meetings, courses, sick leave, family emergencies, and even an occasional day for much-needed rest—all without fear of censure."

To be sure, some physicianpartners are concerned because their contracts say little or nothing about time-off periods. They worry less if the contracts lack vacation provisions than if there are no provisions for sick leave or military leave.

To hear an Oklahoma internist tell it, they sometimes worry with good cause. "After I'd been in partnership practice for six

Typical Yearly Time-Off Periods For Men in Small Partnerships*

In 304 partnerships, the typical M.D. gets, at no loss in income:

Four Weeks of Vacation

In 192 partnerships, the typical M.D. gets, at no loss in income:

One Week to Attend Medical Meetings

In 125 partnerships, the typical M.D. gets, at no loss in income:

One Week to Take Refresher Courses

In 201 partnerships, the typical M.D. gets, at no loss in income:

Twelve Weeks of Sick Leave

In 102 partnerships, the typical M.D. would get full income during his first:

Four to Twelve Weeks of Military Service

Based on MEDICAL ECONOMICS' survey of some 500 two- and three-man partnerships.

HOW MUCH TIME OFF FOR PARTNERS?

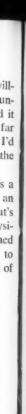
years," he says, "I was recalled to military service. There was no military clause in our contract. So, from the day I left, all accounts receivable were credited to my partner, who is not eligible for military service. This unexpected development is one reason I'm withdrawing from the partnership."

On the other hand, a G.P. in Washington State recounts this heart-warming story: "I suffered a sudden three-week illness, during which my partner willingly and without question undertook all the work and did it well. He then insisted that, as far as he was concerned, the time I'd lost need have no effect on the amount of vacation I took."

Still, a three-week illness is a far different problem from an absence lasting months. That's why quite a few of the physicians are particularly concerned about what would happen to their incomes during a period of



"Are you sure the A.M.A. wouldn't consider that advertising?"





just a little calcidrine

goes
a long way
to treat
the
entire cough



prolonged sickness or during service in the Armed Forces.

So much for the survey's main findings on time-off provisions. On page 95, you'll find a table listing how much time off some of the surveyed doctors are guaranteed each year. Remember, the table reflects the habits of only those physicians who have precise agreements on timeoff periods.

Now let's glance briefly at the facts behind the table's figures.

Four Weeks Is Typical

Annual vacations: Typically, each partner gets four weeks of vacation at full income each year. But in about five dozen of the partnerships, senior physicians take more vacation than the others. And in five of those five dozen, the senior men get twelve weeks, the junior partners from two to six.

It's worth noting, however, that twelve-week vacations are exceptional. Eight weeks yearly is ordinarily the maximum, whether the partners take vacations of the same or different lengths.

Medical meetings: Most partnerships have no specific arrangements on this matter. When they do, the partners usually get the same amount of time offtypically, seven or eight days. In nearly five dozen partnerships, however, they each get two weeks. No one mentions getting more than four weeks off for meetings.

How They Resolve It

The only problem the physicians mention in connection with medical conventions: Sometimes two partners want to attend the same meeting. A solution mentioned by a South Carolina neurosurgeon and several other physicians: One partner goes one year, the other the next.

Refresher courses: Most partnerships don't provide for refresher courses. When they do, each partner is usually allowed one week off, almost never more than two. Interestingly, a few partnerships actually require that each partner take refresher courses-e.g., to meet A.A.G.P. requirements.

Sick leave: There's a fairly wide variety in the sick-leaw provisions of those partnerships that have them. Typically, each partner would continue to receive his full share of income i laid up for three months. Rarely would laid u Th

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Three interesting arrangements:

¶ In a Maine partnership, each physician would get a full share of income if laid up for two months, then 50 per cent for the next twenty-four months.

¶ In an Alabama G.P.-partnership, the member who fell ill would receive a full share of income for three months, 75 per cent for another three.

¶ If either of two Pennsylvania G.P.-partners fell ill, he'd receive full pay for two months. The next two months he'd get 50 per cent; the fifth and sixth months, 25 per cent.

Let Uncle Sam Pay

Military leave: Few surveyed partnerships have provisions for it. Of those that do, more than two in five stipulate that the physician on leave will not be compensated by the partnership. In those cases where he would receive compensation, it would usually end after no more than one year and often after only six months.

Two interesting arrangements:
¶ In the event one of two Minnesota G.P.-partners were re-

called, he'd get his full share of income during his first three months in service, 50 per cent during his next three months, then 25 per cent for another six months.

¶Two Virginia urologists have agreed that the man in service would get 50 per cent of his normal share during his first twelve months, 25 per cent during his next twelve, 5 per cent thereafter.

A Fly in the Ointment

To sum up: Most physicians in partnerships apparently do get more time off than solo practitioners. They're particularly happy about the evenings and week-ends they have to themselves. And certainly their vacation periods and other stretches of off-duty time compare favorably with those of most solo men, despite the fact that many physician-partners aren't guaranteed any set periods off.

Yet the free time they get is not an unmixed blessing. A few physicians point out that they work very hard when their partners are away. "But of course," adds a New York State G.P., "it comes out even—when I go away."



Metamucil

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Regularity and Metamucil

Both are basic for relief and correction of constipation

Effective relief and correction of constipation require more than clearing the bowel. Basic to the actual correction of the condition itself is the establishment of regular bowel habits. Equally basic is Metamucil which adds a soft, inert bulk to the bowel contents to stimulate normal peristalsis and also to retain water within stools to keep them soft and easy to pass. Thus Metamucil induces natural elimination and promotes regularity.

SEARLE

Will Your Double Indemnity Really Pay Double?

By Leon Wasserman, LL.B.

It may not—if your survivors don't know that their rights don't depend entirely on what your insurance contract says. This lawyer explains why you should tell your wife not to let the fine print scare her

You probably pay a lot of money to an insurance company so that your family will be protected when you die. Chances are your policy is a good one and that it includes an "accidental death" or "double indemnity" feature. If so, your beneficiary should get twice the face value if you die by accident.

But unless your wife or other beneficiary understands certain important facts, she may miss out on those double benefits even if she's entitled to them. Here's why: Insurance contracts generally contain a clause stating that the double payment will be made only if death occurs "independently and exclusively of all other causes by external, violent, and accidental means." There's often a further restriction that "disease or physical or mental infirmity shall not directly or indirectly contribute to the accident or death."

Naturally, the companies interpret such wording literally, thus boxing you in on their terms. But if your wife under-

THE AUTHOR is a practicing attorney in New York City.

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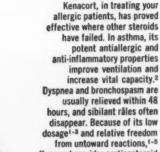
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Dyspnea and bronchospasm are usually relieved within 48 hours, and sibilant råles often disappear. Because of its low dosage¹⁻³ and relative freedom from untoward reactions, ¹⁻⁵ Kenacort provides corticosteroid benefits to many patients who until now have been difficult to control. It is particularly valuable for allergic patients with hypertension, cardiac disease, obesity and those prone to psychic disturbances.

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1. Freyberg, R.H.; Berntsen, C.A., Jr., and Hellman, L.: Arth. & Rheum. J.: 215 Cune? 1958. * 2. Sherwood, H., and Cooke, R. A.: J. Allergy 28:97 (March) 1957. * 3. Shelley, W. D., Harun, J. S., and Pillsbury, D. M.: J.A. M.A. 167:959 Clune 21) 1958. * 4. Dubbis, E. L.: California Med. 92:195 (Sept.) 1958.

5. Hartung, E. F.: J.A.M.A. 167:973 (June 21) 1958.

b Quality — the Priceless Ingredient

MEDICAL ECONOMICS · FEBRUARY 16, 1959 103

YOUR DOUBLE INDEMNITY

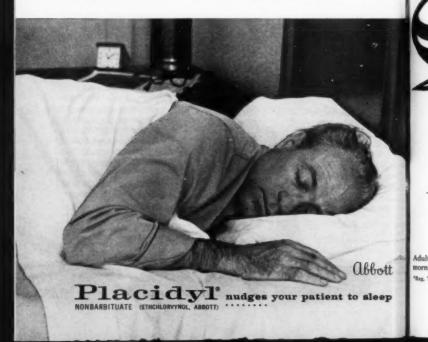
stands her rights and is willing to fight for them, she may not have to accept the company's terms. Reason: The courts—notably in New York State, but also elsewhere—have been taking an increasingly liberal view of double indemnity contracts.

Consider the recent case of a patient who'd been prescribed Veronal to ease the pain of an ear infection. He took too much; the result was death. When family counsel pressed for double indemnity, the insurance company demurred. The case

went to court—and ended in a pleasant surprise for the deceased's widow.

"Her husband intended to take Veronal, but [not] a lethal dose," the Court ruled. "He desired to get relief from pain, not relief from life... It was a mistake, a misstep, an unexpected effect... It was an accident and must have been an accident unless it was intentional... As we use these words in common parlance, we would speak of it as an accidental death."

Note that the Court ruled against suicide. That's signifi-







Beatrice Belladenal says,

"I now attend all the social functions...

Belladenal Spacetabs relieved my gastrointestinal spasm."

Adult Dose: one Belladenal Spacetab* morning and evening. Rog. T. M.



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Your patients will say

"I slept like a log"

after taking **NEW**

106 MEDICAL ECONOMICS : FEBRUARY 16, 1959

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NOW in any language, NOLUDAR 300 is synonymous with sound, restful sleep.

EFFECTIVE: New NOLUDAR 300 acts promptly to induce sound, refreshing sleep of normal duration and quality^{1,2,3}
... followed by a clear-eyed awakening, without "hangover" effects.

SAFE: NOLUDAR 300 is free of barbiturate risks such as addiction or overdosage. Even minor side reactions are rare. 1, 2, 4 In terms of safety, NOLUDAR "appears to afford all one can possibly expect from a drug of this type." 1

HIGHLY In a study of 1015 cases, "all patients expressed satisfaction with the quality of action" of NOLUDAR.
"... 97.9 per cent rated the hypnotic effect of NOLUDAR as at least equal, or superior to barbiturates they had previously received."

INDICATIONS: Insomnia due to mental unrest, excitement, fear, worry, apprehension or extreme fatigue.

DOSAGE: Adults—One 300-mg capsule before retiring.

Do not exceed prescribed dosage.

REJERENCES: 1. O. Brandman, J. Coniaris and H. E. Keller, J.M. Soc. New Jersey, 52:246, 1955.

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4. P. A. Radnay, Postgrad. Med., 21:617, 1957.

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300 CAPSULES

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YOUR DOUBLE INDEMNITY

cant. Double indemnity and selfdestruction can't go together. But if suicide can be ruled out, a death may be considered accidental even when it doesn't fit the definition of accidental death in an insurance contract.

As more and more courts are seeing it, the simple test of accidental death is whether, in the common speech of man, the cause or the result is unexpected, unforeseen, and unusual.

Was the ruling in the case I've just discussed lenient? Certainly—and with good reason. Many courts act on the assumption that your insurance policy simply doesn't give you an equal break, because it isn't prepared by two equal parties. In other words, you have to accept the complicated contract as written, with no chance to modify any of its set clauses.

Since this is so, the courts



"Minor operation—brain surgery!"

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the cough quicklyend nasal congestion orally



	teaspoonful	of	TRIAMINIO	COL
provides:				
Triaminica				25 me

Triaminic*	25 mg.:
(phenylpropanolamine HCl 12.5 mg.	:
pheniramine maleate 6.25 mg	
pyrilamine maleate 6.25 mg	.)
Dormethan (brand of dextromethorphan	
HBr)	15 mg.
Ammonium chloride	90 mg.

In a pleasant-tasting, fruit-flavored, nonalcoholic syrup.

- b decongest the cough area
- control the cough reflex
- liquefy tenacious mucus

TRIAMINICOL is more than a cough syrup. First, because it contains Triaminic, it decongests nasal passages and exerts its action on all mucous membranes of the respiratory tract-working at the source of the cough.

Triaminicol also acts directly on the cough reflex center. It provides the nonnarcotic antitussive, Dormethan, fully as effective as codeine but without codeine's drawbacks. Liquefaction and expulsion of exudates is aided by the classic expectorant action of ammonium chloride.

For these reasons, Triaminicol has become the first choice of the many physicians who prescribe it and patients who have taken it.

Dosage: Adults-2 tsp. 3 or 4 times a day; children 6 to 12-1 tsp. 3 or 4 times a day; children under 6dosage in proportion.

Triaminicol Syrup



running noses & and no cough orally







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YOUR DOUBLE INDEMNITY

tend to level the weights in order to give both parties—the insured and the insurer—an equal run for their money. Let's look at some examples of how they're doing it, not only in double indemnity cases but in the health and accident field as well. Put yourself in the following situation, for instance:

Your last patient has just left the office. Your aide is busy with bills and hospitalization forms. So you try to tidy up your own desk before dashing off to the hospital.

Damn! The desk drawer is

jammed. You push, you pull, you yank. You finally open it; but in the process you give yourself a hernia. In view of this unexpected, unforeseen, and unusual result, you put in for collection on your accident policy. Do you collect?

It Was an Accident

Not long ago, a 52-year-old New York surgeon whom I'll call Dr. Sherman Phiel had just such an experience. And he did collect.

But if Dr. Phiel had been Joe Phiel, furniture repair man, the

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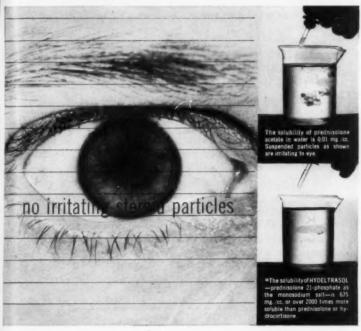
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STERILE OPHTHALMIC SOLUTION

NEO-HYDELTRASOL

(prednisolone 21-phosphate with neomycin sulfate)

2000 times more soluble than prednisolone

- free of any particulate matter capable of injuring ocular tissues.
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SUPPLIED: Sterile Ophthalmic Solution NEO-HYDELTRASOL 0.5% (with neomycin sulfate) and Sterile Ophthalmic Solution HY-DELTRASOL 0.5%, In 5c. and 2.5cc. foropper vials. Also available as Ophthalmic Ointment NEO-HYDELTRASOL 0.25% (with neomycin sulfate) and Ophthalmic Ointment HYDELTRASOL 0.25%. In 3.5 Gm. Lubes.

HYDELTRASOL and NEO-HYDELTRASOL are trade-marks of Merck & Co., Inc.

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hernia could not have been judged an accident, because the exertion would have been entirely within the scope of his occupation. In other words, whether the courts judge an occurrence to be an accident may well depend on the individual circumstance rather than on the wording of the insurance policy.

Let's consider another situation, this time a fatal one. Suppose a doctor's car gets stuck in a snowdrift. While trying hard to get the car unstuck (a patient is waiting), the doctor drops dead of a heart attack. Would this be judged an accidental death, even if autopsy reveals that the victim had a dormant heart condition?

In my opinion (based on a similar court case), yes. But if this sort of thing happened to you, your family's attorney would have to convince the jury that your disease had been dormant rather than active. A heart attack can hardly be considered unexpected, you see, if the victim obviously had heart trouble.

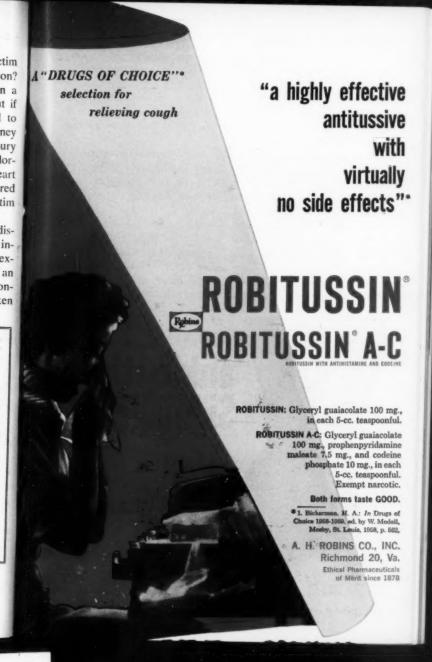
The relationship between disease and accident is often as interesting as it's close. For example, suppose a doctor has an automobile accident and is confined to bed with several broken

It's Like a Side Bet

Most life insurance provisions are related to a family's needs. Double indemnity is different. It pays double if you die by accident-and yet your family's needs don't usually double under those circumstances. In fact, accidental death puts less economic strain on many families than would death from natural causes.

Think of double indemnity, then, as a sort of side bet with the insurance company. Don't think of it as part of your basic coverage. Be sure you have enough basic coverage to meet your family's needs; and then, if you want, add double indemnity.

It doesn't cost much-perhaps \$10 or \$15 annually per \$10,000 worth of insurance. But it's not so much life insurance as long shot.



YOUR DOUBLE INDEMNITY

ribs. A week later, lobar pneumonia develops, and the doctor dies of it. Does his widow have a case for collecting double indemnity?

You don't have to wreck your car and get pneumonia in order to find out. I've based my story on a recent court case in which the beneficiary won full double indemnity benefits, hands down. (The company had maintained, of course, that death resulted directly from pneumonia, not from the auto accident.)

But don't get the notion any death can be construed as accidental. The common speech of man doesn't give beneficiaries license to see an accident where there isn't any. It does give them a fair shake before the scales of justice.

It's a matter of record that most deaths are nonaccidental. Even so, it's my feeling that more of them would be legally judged accidental if more insurance beneficiaries were aware of the point I've been making. So I suggest you ask your wife to read this article right now. It may be worth money to her on some unhappy future day.



114 MEDICAL ECONOMICS - FEBRUARY 16, 1959

The is of eme and SPA



House call: agitation

The acutely excited patient can be quickly calmed when SPARINE is on hand in the physician's bag. In both medical and mental emergencies, SPARINE quiets hyperactivity, encourages cooperation, and simplifies difficult management.

SPARINE gives prompt control by parenteral injection and effective maintenance by the intramuscular or oral route. It is well tolerated.

Comprehensive literature supplied on request

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TABLETS

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RUBBER ELASTIC BANDAGE

ASSURES MORE UNIFORM SUPPORT

Scientifically determined number of rubber and cotton threads provides a balanced weave that assures optimal therapeutic results.

ACE guarantees even and controlled stretch

ACE insures firmness under tension

ACE prevents "bunching"

ACE minimizes possibility of vein constriction

MAINTAINS ITS ELASTICITY LONGER

Today, ACE provides your patient with anatomically correct support far longer. B-D's newly developed type of heat-resistant rubber can withstand dry heat sterilization and has a greater tensile strength than rubber found in ordinary bandages.

Now, more than ever, ACE is the name to remember. Only Becton, Dickinson and Company makes ACE rubber elastic bandage.

BECTON, DICKINSON AND COMPANY-RUTHERFORD, NEW JERSEY

116 MEDICAL ECONOMICS : FEBRUARY 16, 1959

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He says it's the 'EASIEST BILLING SYSTEM YET'

Without machines or special know-how, this doctor's aide now sends out 300 bills an hour. His collections are over 99 per cent

By Herbert J. Bernhardt, M.D.

I've devised a new billing system that fits my needs to a T. I think you might like to consider using it too. Here's why:

¶ It's simple. It requires no machines, no special training. Although my aide's the one who uses it, in a pinch I could easily handle it myself.

¶ It saves time. My old, conventional billing system cost my aide a day or a day and a half each month to make up and send out my bills. Under my new system, she sends out 300 bills in an hour. And they're itemized.

¶ It has boosted my collections. Under the old system, I collected on about 90 per cent of

my bills—and I achieved that rate only with some prodding. A few weeks ago, I checked up on the new system. Of the several thousand bills I'd sent out in the first eight months, exactly three hadn't been paid. It's a fact: My collection rate now is better than 99 per cent.

Before I explain how the system works, let me tell you how I came to it in the first place. When I got fed up with my old system, I thought first of trying an automatic accounting machine or a peg board. With either of them, an aide can fill out a daily journal, an individual account card, a monthly statement,

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THIS APPOINTMENT CARD-CHARGE SLIP does several jobs at once. The top form is given to patients as necessary. The numbered charge slips are kept permanently bound. They give the doctor a quick, complete record of whom he has seen and what he has charged on any one particular day. And, too, they guard against the possibility of embezzlement.

and a cash-receipt form in one writing.*

Either method is usually an improvement over old-fashioned billing procedures. Still, I decided neither one was quite right for me. In the first place, I don't keep a daily journal in the ordinary sense of the term. Each day's activities are written ahead of time on my appointment sheets; there's no need to keep a

journal in addition. In the second place, an aide who uses an accounting machine or peg board still has to wade through her files, pull account cards out, and then dig into the files again to put the cards back. I wanted something less time-consuming.

So I worked out my own system. I already had the first thing I needed: daily appointment sheets. They have space to note the name of each patient, the treatment given him, the fee, whether the fee is covered by in-

118 MEDICAL ECONOMICS · FEBRUARY 16, 1959

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For details, see "This Bookkeeper Pays You" and "Easy Way to Get Full Financial Records" in the March 3 and March 17, 1958, issues of MEDICAL ECONOMICS.



REATMENT OF

DOXIDAN

The Surfactant Laxative

Ideal" laxative therapy has now been made possible by the application of a ew principle based on the double surfactancy of the new therapeutic chemical, alcium bis-(dioctyl sulfosuccinate).

Doxidan provides positive, reliable laxative action with:

- •Greatly reduced laxative dosage and optimal surfactancy.
- •The least possible disturbance of normal body physiology.
- •Freedom from the discomfort of bowel distention.
- •Freedom from "oily leakage" and interference with vitamin absorption.
- Freedom from pain and "cramping."
- Greatly reduced risk of laxative habituation.

No longer is a "cathartic flush" needed to expel a hardened resistant fecal mass. instead, once calcium bis-(dioctyl sulfosuccinate) has rendered the mass maleable and mobile, a gentle peristaltic stimulant is all that is needed to correct owel dysfunction.

Doxidan is a true synergistic combination of calcium bis-(dioctyl sulfouccinate), the new surfactant fecal softener, and Danthron, a mild peristaltic simulant which acts solely in the lower bowel.

This new dimension in treatment (Doxidan therapy) results in soft, normal" stools gently stimulated to evacuation.

formula: Each maroon soft gelatin capsule contains 50 mg. Danthron (1,8-dihydroxyan-braquinone) and 60 mg. calcium bis-(dioctyl sulfosuccinate).

dosage: For adults and children over 12, one or two capsules. For children, age 6 to 12, me capsule. Give at bedtime for 2 or 3 days or until bowel movements are normal.

supplied: Bottles of 30 and 100 soft gelatin capsules.

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CINCINNATI 3, OHIO

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response to tolbutamide. Patients who were diagnosed as showing primary or secondary ... failure of tolbutamide treatment of their diabetes were given Diabinese. Patients with these disgnoses were studied particularly thoroughly by Dr. Garfield Duncan and his group (Code 29), and by Dr. Samuel Sugar (Code 97), with Diabinese, 62% of those patients having a primary therapeutic failure of response to tolbutamide showed an excellent or fair response to Disbinese. Of those patients diagnosed as secondary tolbutamide therapeutic failures, 86% showed an excellent or fair response when treated with Diabinese. 1

DIABINESE REDUCES PRIMARY AND SECONDARY FAILURES



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Science for the world's well-being (Pfizer)

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Summary of Diabinese Study Program

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An advance in potency of therapeutic activity



An advance in duration of therapeutic activity



An advance in effectiveness over a wider range of patients

Diabinese exerts a hypoglycemic effect within one hour, which becomes maximal within three to six hours. It exhibits twice the potency of tolbutamide on acute administration and up to six times its potency on chronic administration. Most patients can be started on only 0.25 to 0.5 Gm, daily given as a single dose with breakfast.

Diabinese has a longer biologic half-life than tolbutamide. Excreted slowly, 80 to 90 per cent of one administration is eliminated in 96 hours. A single dose provides a therapeutic effect lasting 24 hours or longer. Since it remains in the blood as the active hypoglycemic material and is only gradually removed, Diabinese affords longer-lasting clinical benefit, with relatively constant blood levels, on low, once-a-day dosage.

The enhanced potency and duration of effectiveness of Diabinese is reflected in its notable record of clinical success in properly selected patients. Ninety-four per cent of excellent responses to Diabinese are in the most common group — the "maturity-onset" diabetics. Diabinese proved effective in 86.4 per cent of 1,675 patients over 40 years of age. Good results have even been obtained in some "brittle" diabetics, as well as in many patients exhibiting primary or secondary failure with tolbutamide.

Pfizer DIABINESE once-a-day dosage

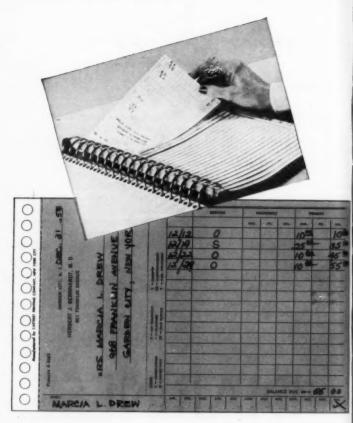
DOSAGE: IMPORTANT - Patients should not be given starting doses in excess of 0.5 Gm. daily. An initial dosage of 250 mg. daily is recommended for geriatric diabetics. For full details see Section 8 of Report on Diabinese.

SUPPLIED: 250 mg. tablets, scored; bottles of 60 and 250. 100 mg. tablets, scored; bottles of 100.

a MAJOR ADVANCE in the ORAL treatment of DIABETES

York

'EASIEST BILLING SYSTEM YET'



THIS BILL-ACCOUNT CARD shows at a glance if the patient hasn't paid. The cards are kept (one below another in alphabetical order) in the notebook shown above. When the aide mails the top sheet of the triplicate form, she makes a check mark for the current month. When payment comes, she records it on the second sheet by drawing a line through the check mark on that sheet. The uncrossed check marks throughout the notebook show the doctor which bills are still outstanding.

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The second thing I needed constitutes the heart of my system. It's a special loose-leaf ledger or posting book that I had a printer make up for me. It contains sets of forms in triplicate.

Write on the top one and you've written on all three, because the first two are on NCR (no carbon required) paper. The third is on heavy-stock paper. As you'd guess, the two lightstock forms are for mailing out as bills when the time comes. The third is an account card.

Along with all this, I decided to print up a form that would be a combination appointment card and charge slip. I use the appointment-card portion only part of the time, of course-when patients require follow-up office visits. But I use the numbered charge slips for each office visit.*

How They Work

Now let's look at the three forms in action:

My aide holds onto the daily

At the same time, she fills out an appointment card, if it's called for, and a charge slip. At the end of each day, she compares the daily appointment sheet with the charge slips, to catch any errors.

No Pain, No Strain

Then, still working from the appointment sheet, she fills in the bill-account card forms before we close up the office. Filling in the forms takes her only about a minute apiece. One reason: She keeps the forms in alphabetical order in the loose-leaf ledger. So they're easy to locate and to handle.

Just how have these bill-account cards of mine revolutionized my billing system? Well, remember that each form is in triplicate. The first sheet is an itemized bill that can be sent to a patient a month after his office visit, or his first visit of a series. The second sheet can be sent at the end of the second month, if a patient hasn't paid his bill or if he's received further treatment

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appointment sheet. After I've seen a patient who's listed on it, she jots down the treatment, the fee, and whether the patient paid cash, was covered by insurance, or is to be billed.

I use these numbered charge slips partly to please my auditor, who thinks they're a fine way to guard against embezzlement. Also, they virtually eliminate posting errors; and they'd make rapid checks easy if Internal Revenue agents should ever want to look at my books. This combination form isn't essential to the billing system. But for the reasons just given, I recommend its use.

in that month. The third sheet (on yellow, heavy stock) is the account card.

You see how this three-in-one form pays off: At the end of the month, my aide doesn't use valuable hours to make up bills from account cards. She's already made up both in one operation at the end of each working day—and without needing to pull account cards from her file and then file them again.

When it's time to send out bills, she simply goes through the loose-leaf notebook, snaps out the perforated top sheets of that month's triplicate forms, and puts the sheets into stamped, return-addressed envelopes that I get from the post office. As I said earlier, she can get 300 bills ready for mailing in sixty minutes. The cost of sending each bill, including postage and all the forms I purchase: 8 cents.

What happens when the first two sheets of a bill-account card have been mailed out and the patient makes another office call? My aide simply puts a new triplicate form in the loose-leaf notebook. And she files away the patient's old account card. From time to time, too, she unclips paid-up accounts of patients I

don't expect to see again soon and files them away.

And what do I use for bills if those first two sheets have been mailed out and a patient still hasn't paid? As I've indicated, that almost never happens. In the rare cases when it does, my aide merely takes one of my office memos, fills in the patient's name and address, stamps a reminder on it—"This bill is past due. Kindly remit or telephone regarding payment on it"—and mails it out.

Patients Approve

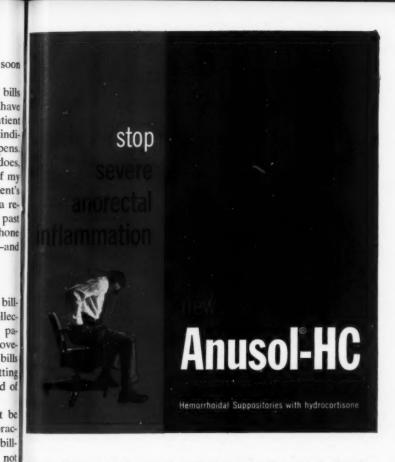
Naturally, I like my new billing system because my collections have soared. But my patients also say it's an improvement. They like having their bills itemized. And they like getting the bills promptly at the end of each month.

Such a system might not be suitable for men in group practice. And my version of the bill-account card form might not have enough space on it for a doctor who sees the same patients eighteen or twenty times a month. But otherwise—especially if you work by appointment—I'd say: Take a leaf from my billing book.

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Start



Start with steroid therapy for effective and safe control of severe anorectal inflammation. Two Anusol-HC Suppositories daily for 3-6 days reduce and eliminate pain, heat, swelling and redness. Then patient comfort can be maintained with regular Anusol Suppositories or Unguent as required. This simple Anusol-HC/Anusol regimen assures rapid, lasting relief of all inflammatory symptoms in hemorrhoids and other anorectal disorders.

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How clinicians evaluate the safety and effectiveness of RITALIN® as a psychic stimulant

CONDITIONS TREATED	RESULTS	COMMENTS ON SAFETY
Depression accompanying chronic illness and convalescence from short-term illness; mild depression induced by life pressures; overtranquilization.	"The drug gave a plateau type of stimulation, smooth onset, with no euphoria The effect lasted about four hours, gave the patient a feeling of well-being"	"The side effects of Ritalin are minimal." "The work showed that the drug had no effect on blood pressure, the blood count, urine or blood sugar, did not depress the appetite, and produced no tachycardia."
Lethargy, fatigue and emotional depression secondary to chronic illness in elderly patients; mild depression secondary to short-term illness. (Twenty-three "normal," healthy people also received the drug.)	"For the entire 112 patients 66 per cent showed marked improvements [obvious drug effect and mood improvement]"	"No serious side reactions were noted In no case was it necessary to stop the drug. No evidence of significant effect upon blood pressure or pulse has been found. This is particularly interesting, since these side effects have been common with other mood elevating drugs"
Drug-induced psychophysiologic depression; physiologic after-effects of certain anesthetics; barbiturate intoxication; moribund states due to systemic infection. (All patients were epileptic, mentally retarded and/or brain damaged.)	"All except two [of 129] patients responded to the initial injection [of parenteral Ritalin] within 1½ to 15 minutes."	"In no instance was there any evidence of untoward effects." " the very poor basic physical condition of our patients in this study, those associated with profound chronic brain damage, accentuates the safety of parenteral Ritalin"

DOSAGE: Oral: Dosage will depend upon indication and individual response. Many patients respond to 10 mg. b.i.d. or t.i.d. Others will require 20-mg. doses. In a few cases, 5-mg. doses will be adequate. If inability to sleep is encountered, last dose should be given before 6 p.m. Parenteral: 10 to 30 mg., intravenously or intramuscularly. RITALIN® hydrochloride (methylphenidate hydrochloride CIBA)

References: 1. Natenshon, A. L.: Dis. Nerv. System 17:392 (Dec.) 1956. 2. Landman, M. E., Preisig, R., and Perlman, M.: J. M. Soc. New Jersey 55:55 (Feb.) 1958. 3. Corter, C. H., and Moley, M. C.: Dis. Nerv. System 18:146 (April) 1957.

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126 MEDICAL ECONOMICS · FEBRUARY 16, 1959

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LABOR vs. MEDICINE:

What's it like for



M.D.s in the middle?

Here's ...

What I Learned From The Doctors of Bloody Harlan

By John R. Lindsey

Whenever Dr. Warren Draper speaks in Washington, D.C., his voice echoes through doctors' offices in the mining towns of Harlan County, in southeastern Kentucky. And the echoes ring in the United Mine Workers' shining new glass-and-steel Harlan Memorial Hospital.

. I heard the echo recently as I sat in one doctor's private office. The doctor's voice tensed as he spoke the name of the chief medical officer of the U.M.W. Welfare and Retirement Fund:

"What does Warren Draper mean by saying we're bleeding the Fund? He's talking through his hat!"

Fund physicians are equally sensitive to pronouncements from their head office. In a sunbright corridor of the hospital, a salaried staff physician of the Fund said to me: "We make progress cementing relations with the local doctors. Then along comes a press release from the Washington office and—ugh!" He threw up his hands in

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mock horror, then added wistfully: "Sometimes we wish Dr. Draper didn't feel he had to make quite so many speeches."

After only a short stay in Harlan, I realized this: The doctors in the coal fields are convinced they can work out their own problems if they're left alone. Whether Fund men or not, they apparently resent outside interference—interference from organized medicine as well as from organized labor. As one man put it: "Down here, we don't think in politicians' clichés."

Clichés are labels; and Harlan

County appears to have had its fill of outmoded labels. Take the sign that greeted me the day I drove into town: "Welcome to Bloody Harlan." The "Bloody"—in dripping red paint—was a holdover from a time, twenty years ago, when various factions in the coal fields were literally shooting it out.

"They've no reason to call this place bloody now," complained my taxi driver. "The war's over."

Most of Harlan's physicians seem to have a similar opinion of their own "war." They take a

successful therapy means comprehensive therapy

IN INTRANASAL INFECTIONS

TRISOCORT

- 1. Comprehensive antibacterial action:
- 2. Comprehensive anti-inflammatory action:
- 3. Comprehensive decongestive action:

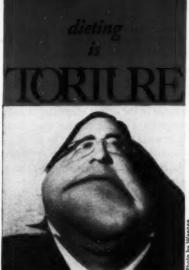
Gramicidin, polymyxin and neomycin; effective against both gram-positive and gram-negative organisms.

Hydrocortisone (compound F); the most effective anti-inflammatory intranasal agent.

Phenylephrine hydrochloride for rapid decongestion, and Paredrine® hydrobromide for prolonged decongestion.



Smith Kline & French Laboratories



The patient complains: "I feel nervous, irritable, tense, miserable and depressed from my diet. Maybe I should just stay fat because **DIETING IS TORTURE!"**

for the patient who can't stay on a diet prescribe the diet but add

Docell T

Obocell TF (tension formula) contains an antidisturbant, methapyrilene, to help the obese patient endure a strict diet. Methapyrilene is not a barbiturate, does not produce barbiturate side effects. Obocell TF combines this antidisturbant with d-amphetamine phosphate to curb the appetite and provide a "controlled lift" eliminating possible CNS overstimulation. Thus Obocell TF suppresses the appetite and, in addition, controls bulk hunger with Nicel. It can be given in the evening to combat the night-eating syndrome without disturbing sleep.

Each Obocell TF tablet contains:

Methapyrilene, an antidisturbant..... 25 mg. d-amphetamine phosphate (dibasic) . . . 5 mg. Nicel, non-nutritive, hydrophilic agent..... 150 mg.

For Rx economy prescribe Obocell TF in 100's.

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IRWIN, NEISLER & CO.

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dim view of what they consider the hackneyed charges still being made by both organized medicine and organized labor. Here are some of the rather surprising discoveries I made during my stay in what I'd expected to be a hotbed of medical rivalry:

1. Harlan's doctors deny organized medicine's charge that the U.M.W. Fund is blacklisting many private practitioners by striking them off union-approved lists of physicians.

Says the president of the Harlan County Medical Society, Dr. Philip J. Begley, who's in private practice: "As far as I know, only two doctors in this whole state have been blacklisted. In Harlan County, only one man has been dropped. And it's more accurate to say he resigned."

"An open staff is a matter of policy in the miners' hospitals," says Dr. David McLean Greeley, director of clinical services for the U.M.W.'s 193-bed Harlan

The 'Good Old Days' and Now

Were the days before the United Mine Workers Welfare and Retirement Fund really the good old days? Not according to Dr. Charles B. Stacey, who started practice in the mining camps thirty years ago. Here's his recollection of the "check-off" doctors—so called because their incomes came from monthly deductions out of miners' wages:

"A lot of these men were much too busy, and they'd hire assistants. Sometimes these assistants were men who'd been kicked out of medical school, or who had never been to medical school. The only excuse for having them was that they were working in desolate country where no one else wanted to go.

"Well, they're gone now. I helped get those irregular practitioners out of the valley."

And the caliber of the coal-field doctors today? Says Dr. Stacey: "Take the matter of board-certified men. Five years ago, we had very few. Today, we have thirty board diplomates in the valley."

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 Prov acetyl-p effective make the

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Contai

Now-All cold symptoms can be controlled



- Provides Triaminic for more complete. more effective relief from nasal and paranasal congestion because of systemic transport to all respiratory membranes -without drawbacks of topical therapy. †
- · Provides well-tolerated APAP (Nacetyl-p-aminophenol) for prompt and effective analgesia and antipyresis to make the patient more comfortable.
- · Provides Dormethan (brand of dextromethorphan HBr) for non-narcotic antitussive action on the cough reflex center in the medulla-as effective as codeine but without codeine's drawbacks.
- · Provides terpin hydrate, classic expectorant to thin inspissated mucus and help the patient clear the respiratory passages.

†Lhotka, F. M.: Illinois M. J. 112:259 (Dec.) 1957. Fabricant, N. D.: E. E. N. T. Monthly 37:460 (July) 1958. Farmer, D. F.: Clin. Med. 5:1183 (Sept.) 1958.

6 to 8 hours of relief from a single tablet t.i.d. because of this special timed-release design . . .



first -3 to 4 hours of relief from the outer layer

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* timed-release

Also available as palatable Tussagesic Suspension





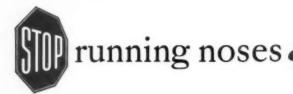
Contains TRIAMINIC to m running noses & and open stuffed noses orally

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Oral nasal decongestion is more effective . . . reaches all nasal and paranasal tissues systemically*

- prompt and prolonged relief because of the special "timed release" design
- safer and more effective than nose drops, sprays or inhalants
- not affected by mucous secretions
- convenience of oral administration
- presents no problem of rebound congestion
- avoids "nose drop addiction"
- produces no pathological mucosal changes

Designed for prompt and prolonged relief in colds, sinusitis, nasal allergies and postnasal drip. Provides superior decongestant action with a pharmacologically balanced combination of orally effective phenylpropanolamine HCl, pheniramine maleate and pyrilamine maleate.

Lhotka, F. M.: Illinois M. J. 112:259 (Dec.) 1957.
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The special design of the Triamin timed-release tablet provides



first-3 to 4 hours of relief from the outer

> then-3 to 4 mo hours of relief for the core

timed-release tablets

Also available as half-dose, timed-release Juvelets and, for those patients who prefer liquid medication, as Triaminic Syrup

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Memorial Hospital. "We want local physicians on the staff. We're not here to compete with them."

Not a single local doctor who has applied for privileges has been denied them, according to Dr. Greeley.

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Patient Has a Choice

2. Harlan's doctors reject medicine's stock charge that the United Mine Workers Fund denies its beneficiaries free choice of physician.

"Free choice? The patients have it," Dr. Walter H. Stepchuck, a local G.P., told me. "The Kentucky State Medical Association is always passing resolutions about free choice. But they're empty resolutions. There are about twice as many doctors in this county as there were before the miners' hospital opened nearly three years ago. So it seems to me the patients have twice as much free choice of physician as they used to. They can go to any man they want. And they've never before had so much medical care."

Most of the private practitioners I talked with seem to agree with Dr. Stepchuck. But I did get the impression that their relations with the U.M.W. Fund haven't always been so peaceful.

Before the miners' hospital opened in March, 1956, some of the local physicians complained of what they feared would be unfair competition. They'd heard, for one thing, that there'd be no charge for services in the outpatient department.

But this crisis was met promptly at the local level. Dr. Greeley, with other members of the full-time staff, sat down with the local practitioners on the part-time staff.

As a result, the Fund now makes the same charge for outpatient services that local physicians do for office visits: \$2. "And we try to keep the family physician tie intact," says Dr. Greeley. "We insist on a complete follow-up, with letters to referring doctors."

The Doctors Play Fair

3. Harlan's doctors deny the U.M.W.'s assertion that many private practitioners are guilty of needless surgery and excessive hospitalization.

Says President Begley of the local medical society: "It's just not true that Harlan County doctors are bleeding the Fund, per-

outer

forming unnecessary operations, and so forth. And that recent story about the Fund's having saved a million and a half dollars by limiting patients' choice of physician is downright malicious."

The "malicious" story that Dr. Begley is referring to appeared in the newspapers last fall. It was based on the Fund's annual report for 1958. The report claimed savings of \$1,448,000 in the first nine months after the union pared its lists of participating doctors.

"Maybe they saved all that money in other states. But not here," the doctor told me. "Actually, patients of the salaried U.M.W. doctors have a longer average stay in the miners' hospital than patients of private practitioners. One woman I know stayed two weeks after a routine delivery."

Caesarean Rates

Dr. Begley hesitated. Then he went on: "One of the salaried doctors has a 50 per cent Caesarean rate. Our combined Caesarean rate is 8 to 10 per cent."

He looked to his partner, Dr. Sandford L. Weiler, for confirmation, and got it.

Dr. Greeley, however, promptly challenged the statement that one of the salaried staff had a 50 per cent Caesarean rate.

"I don't think this is a true statement," he said. "At least it's most misleading. Our chief of obstetrics is here primarily to supervise the work of the part-time staff. As a result, he sees only the most complicated cases. He does not deliver more than about ten babies a year himself, and it is possible that half of these might be Caesarean. This, of course, is in line with our policy to let the part-time staff men do just as much work as they can."

When I mentioned Dr. Begley's comments to Col. Robert Lee Black, who was then administrator of the Harlan Memorial Hospital, here's what he said:

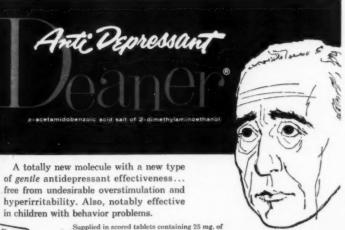
"I admit that when our hospital was a novelty, we had trouble getting people to go home. But by now our average length of stay for Blue Cross patients is 5.4 days, compared with the state Blue Cross average of 5.9 days."

The average stay for all patients is 10.3 days. "And that's pretty good," commented Dr. Greeley, "when you realize that of ge free i hype

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In Mild Depression

- · with chronic fatigue
 - · with neurasthenia
 - · with difficulty in concentrating



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a tremendous number of our patients are referred for chronic problems."

An Exaggerated Story?

4. Harlan's doctors scoff at organized labor's claim that the U.M.W. Fund brought modern medicine to the Kentucky hills.

The local medical men are still stewing over a two-year-old Reader's Digest article by Ira Wolfert, which began with these words:

"Here is the story of a gift of mercies beyond telling.

"The gift was made in June, 1956, to the Kentucky, Virginia, and West Virginia hill county where people were literally dying for lack of medical care where infant mortality and the death rate for mothers were double the national average where the blood of a black cowas used to treat shingles, wrap-around of copper wire cure arthritis; where an investigation revealed that 29 out of 5 major operations performed habeen mistakes caused by improper diagnosis."

That's Fund-inspired stuff, was told. After the article a peared, the local medical socie held a protest meeting and d

Where Medicine—Not Coal—Is King

There's a compelling economic reason for most of Harlan County's doctors to cooperate with the U.M.W. Fund. The county's single industry is depressed. More and more coal mines have been shutting down. Of 12,000 local miners employed in rail mines in 1945, for example, only 5,000 are now on active payrolls. So the U.M.W.'s Welfare and Retirement Fund is almost daily assuming a bigger role in the economics of the region. The miners' hospital alone is said to have the biggest payroll in the county: \$150,000 a month.

Comments one local doctor: "At the rate the mines are closing and new hospitals are opening, medicine may soon be a bigger industry than coal in Harlan County."



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A psychotherapeutic antihistamine.

Autonomyzini pamoate

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SPECIFIC ANTIHISTAMINIC EFFECT

reduces-erythema, excoriation and extent of lesions.1-4

PSYCHOTHERAPEUTIC POTENCY

relieves-tension, anxiety and itching.1-4

Recommended Oral Dosage: 50 mg, q.i.d. initially; adjust according to individual response.

Supplied as: Vistaril Capsules-25 mg., 50 mg., 100 mg. Vistaril Parenteral Solution-10 cc. vials and 2 cc. Steraject® Cartridges, each cc. containing 25 mg. hydroxyzine (as the HCl).

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Division, Chas. Pfizer & Co., Inc. Brooklyn 6, N. Y References: 1. Feinberg, A. R., et al.: J. Allergy 29: 358 (July) 1958. 2. Eisenberg, B. C.: Clinical Medicine 5:897-904 (July) 1958. 3. Robinson, H. M., et al.: J. A. M. A. 161: 604-606 (June 16) 1958. 4. Robinson, H. M., et al.: So. Med. J. 50: 1282 (Oct.) 1957.

MEDICAL ECONOMICS · FEBRUARY 16, 1959 137

THE DOCTORS OF BLOODY HARLAN

manded explanations from the doctors who'd talked to the Reader's Digest writer. Medical men organized similar protests in other parts of Kentucky and West Virginia.

"Believe it or not," commented one Harlan County man, "the infant mortality rate went *up* here during the first two years the miners' hospital was open! As for all those hill-country remedies—well, they're old wives' tales."

But some of the older doctors

are less scornful of the Fund's achievements. Dr. Charles B. Stacey, who started practice in the coal fields thirty years ago—and who is an influential member of the state medical society's House of Delegates—contends that the Fund deserves real credit for having raised the standards of medical practice.

"Five years ago, there wasn't an accredited hospital in the whole Cumberland Valley," he said to me. "Now there are about a dozen. Most of them have been



"The usual mail-three checks, fourteen excuses."

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FOR RHEUMATISM AND TRAUMATIC DISORDERS

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PARAFON relieves pain, stiffness, and disability caused by rheumatism and traumatic disorders; Parafon with Preddisolone compounds this relief with anti-inflammatory action in treatment for arthritis.

pupplied: Parafon: Tablets, scored, pink, bottles of 50. Each tablet contains: Paraflex Chloroxarone† 125 mg.; and Tylenol® Acctaminophen 300 mg. Parafon with Prednisolone: Tablets, scored, buff colored, bottles of 36. Each tablet contains: Paraflex Chloroxarone 125 mg.:

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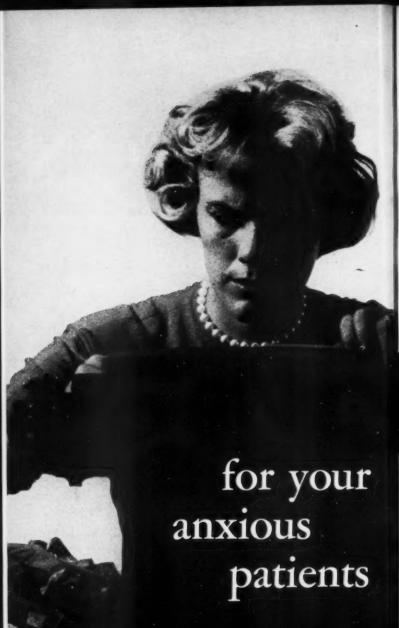
precautions: The precautions and contraindications that apply to all steroids should be kept in mind when prescribing PARAFON WITH PRESINGUOUSE.

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remarkable for its freedom from drowsiness and depressing effect



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Calcium Carbonate,
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WHITEHALL LABORATORIES, NEW YORK, N. Y.

142 MEDICAL ECONOMICS - FEBRUARY 16, 1959

BLOODY HARLAN

accredited since the miners' hospitals opened."

Why Oust Them?

 Harlan's doctors have little sympathy with medical societies that want to expel physicians who work with the Fund.

Four county societies in Kentucky have barred such men from membership. But the Harlan and neighboring Bell County societies not only accept Fund doctors; they elect them to office.

I don't mean to suggest that all is sweetness and light between the miners' Fund and private medicine. It's true the Fund has enemies even in Harlan County. And it's true the Fund has hurt some local doctors.

One man who has been hurt is Dr. E. Murphy Howard, who owns and runs the seventy-five-bed Harlan Hospital. "We used to have 100 beds," he told me. "But the Fund now refuses to pay miners' bills in our hospital except in emergency cases. So we've had to close off an annex with twenty-five beds."

On the other hand, the Fund has also helped many independent practitioners. A number of G.P.s and one board-certified surgeon admitted to me that without payments from the Fund they'd have to move. More

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SMITH



control congestion control cough

Control of respiratory congestion is basic to breaking the cough-congestion cycle. Through the superior decongestant action of the Triaminic in this formula, irritating postnasal discharge is reduced. This relieves the sensitive laryngeal and pharyngeal membranes-"trigger" areas of the cough reflex.

Control of cough through the reflex center interrupts self-perpetuation of the cycle. The non-narcotic antitussive action of Dormethan is as effective as that of codeine but is free of codeine's narcotizing and constipating side effects. In addition, Dormethan acts quickly.

The classic expectorant property of terpin hydrate thins inspissated mucous secretions. This makes it easier for the patient to clear the respiratory passages of annoying mucus. It is also useful to help overcome the morning hacking found in chronic postnasal drip.

The "timed release" design of Tussaminic Tablets provides effective relief from cough within minutes, lasting 6 to 8 hours.



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Each TUSSAMINIC* timed-release tablet provides: (Phenylpropanolamine HCl, 50 mg.; pheniramine maleate, 25 mg.; pyrilamine maleate, 25 mg.) maleate, 20 mg., pyrram.

Dormethan (brand of dextromethorphan HBr) . . . Dosage: One tablet in the morning, midafternoon and in the evening,

Tussaminic timed-release

*Contains TRIAMINIC to m running noses & and open stuffed noses orally





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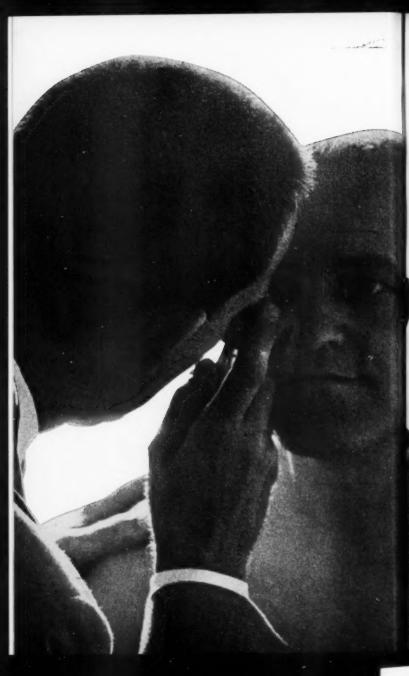
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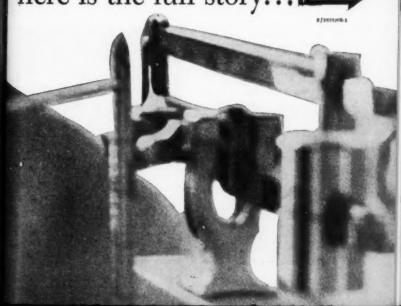
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a major improvement in rauwolfia a major advance in antihypertensive therapy

Developed after three years of basic research, proved during one of the most extensive clinical trials in pharmaceutical history, here is what Singosery can do:

Patient P. K. was first seen with a blood pressure of 220/138 mm. Hg; he complained of headache, palpitation, nervous tension and hyperhidrosis.



Hospitalized briefly for observation and treatment, he was placed on a 4-Gm, sodium diet, plus chlorothiazide and mecamylamine regulated according to b.p. reading, which he was taught to take himself.



One month later his blood pressure was 140/104; he complained of dryness of mouth, chest pain, constipation and nocturia (twice a night). He was then started on Singoserp (0.5 mg. daily) with instructions to reduce the other medications to the extent possible, as evidenced by his b.p. readings.





After five months on Singoserp the patient's blood pressure ranged between 120/84 and 140/100. No mecamylamine was required; only ½ the original dose of chlorothiazide was required. One month later, chlorothiazide was stopped and the patient was maintained on Singoserp alone, 1 mg. b.i.d. Favorable blood pressure response continues and patient feels well. Since taking Singoserp patient reports no chest pain, no mouth dryness, no other side effects.

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- For new hypertensive patients Singoserp is the ideal antihypertensive drug for new patients because it lowers blood pressure without creating the side effects problem posed by conventional rauwolfia agents.
- 2. For hypertensive patients already undergoing drug treatment Singoserp, added to any antihypertensive regimen, makes it possible to maintain blood pressure levels achieved with more potent agents, while reducing their dosage requirements or even eliminating them altogether in some cases.

Infrequent side effects—"The chief advantage of [Singoserp] over other Rauwolfia derivatives seems . . . to be the relative infrequency with which it produces disturbing side effects." 1

Less sedation — "It [Singoserp] is approximately equipotent to reserpine as a hypotensive agent but is definitely less sedative or tranquillizing."²

Depression relieved —"In those patients who had been depressed, [Singoserp] was substituted for other Rauwolfia preparations and within a period of one to two weeks this depression was relieved."

Created in the laboratory by altering the reserpine molecule so as to preserve its antihypertensive property and virtually eliminate its undesirable side actions.

posage: In New Patients: Average initial dose, 1 to 2 tablets (1 to 2 mg.) daily. Some patients may require and will tolerate 3 or more tablets daily. Maintenance dose will range from ½ to 3 tablets (0.5 mg. to 3 mg.) daily. When necessary for adequate control of blood pressure, more potent agents may be used adjunctively with Singoserp in doses below those required when they are used alone. In Patients Taking Other Antihypertensive Medication: Add 1 to 2 Singoserp tablets (1 to 2 mg.) daily. Dosage of other agents should be revised downward to a level affording maximal control of blood pressure and minimal side effects.

SUPPLIED: Singoserp Tablets, 1 mg. (white, scored); bottles of 100.

References: I. Herrmann, G. R., Vogelpohl, E. B., Hejtmancik, M. R., and Wright, J. C.: To be published. 2. Wolffe, J. B.: Mod. Med. 26:253 (Feb. I) 1958. S. Bartels, C. C.: To be published.

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THE DOCTORS OF BLOODY HARLAN

And, as Dr. Stacey pointed out, the Fund has helped far more hospitals than it's hurt.

The local physicians like the facilities of the miners' hospital. Their only major complaint: They don't have enough privileges, particularly in surgery. Here's a typical G.P.'s comment:

"I'm permitted to do Caesarean sections in the OB/Gyn. department, but not to do a simple appendectomy in surgery. Why don't they spell out what a man with limited surgical privileges can do?"

And just because their complaints are about such practical things, I'm convinced that the men in private medicine are not out to hobble the U.M.W. Fund itself. That's saying a lot in a state where organized medicine recently supported legislation that could have meant fines—even jail—for doctors who work with the Fund.

Here, then, is my over-all impression of the medical community in Bloody Harlan: plenty of sweat, a few tears, but no bloodshed at all. The doctors in general seem to agree with their colleague who said to me: "If only the miners' hospital had local autonomy! If only everybody would leave us alone to work out our own problems!" END

Wide birth

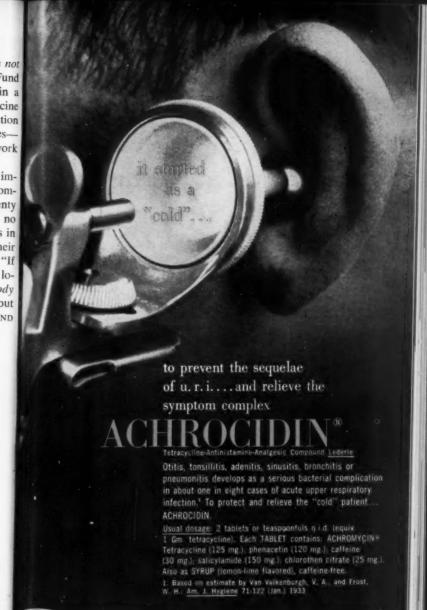
One night an Italian-born husband phoned me to say his wife was in labor. "How far apart are the pains?" I asked.

"One momento, please," he said, and left the phone. Shortly he returned and informed me: "They are twelve feet apart."

Unable to get anything more intelligible out of him, I gave up, grabbed my OB satchel, and went to his house. As soon as I entered his bedroom, I saw what he'd meant. For there he was, pacing up and down and carefully counting the steps between his wife's labor pains.

-HENRY BACHMAN, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N. J.





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3. Traylor, J. B., and Torpin, R.: Am. J. Obst. 4 Gynec. 61-71-76 (Jan.) 1982.



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How to Protect Your



Investment Profits

Want to sell your stock while it's still high—and keep it, too, just in case it goes even higher? "Puts" and "Calls" may be the answer



BY RICHARD LANDY

Jimmy Durante used to sing a song that went something like this: "Did you ever have the feeling that you wanted to go—and still you had the feeling that you wanted to stay?"

With the stock market rocking unsteadily at its highest level yet, you may be facing that very dilemma. Like many doctor-investors, you may have made impressive capital gains in last year's roaring bull market. But what to do now? Should you take your profits and risk missing out on the next big boom? Or should you hang on and risk losing the money you've already made?

Actually, you may not have to make such a decision—at least, where 100-share lots of stock are concerned. It's possible to sell 100 shares of a given stock and still cash in on any future gain they might make. Or you can hang on to them with strong protection against losing your paper profits.

How? By the judicious use of stock options. These "Puts" and "Calls," as they're popularly known, can offer you some relatively inexpensive insurance against unforeseen developments.

Most Puts and Calls are

THE AUTHOR has written investment articles for a number of nationally known financial publications.

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HOW TO PROTECT YOUR INVESTMENT PROFITS

bought by stock-market professionals for speculative purposes. But stock options have their conservative uses too. You should be familiar with them, particularly now that the market seems so unsettled.

"Out of every hundred seasoned doctor-investors, only a couple really understand what Puts and Calls are all about," says Herbert Filer, head of Filer, Schmidt & Co., the country's largest specialist in stock options. But as he points out, they're no more complicated than an option to buy a house. In fact, the principle is very much the same.

A Call is a negotiable contract giving you the right to buy 100 shares of a stock at a specified price at any time within a limited period. A Put is just the reverse. It gives you the right to sell 100 shares at a fixed price within a given period.

Who Handles Them?

Whom do you make the deal with? Well, there are some twenty-five New York City firms that specialize in handling Puts and Calls. The option business is

"Noteworthy effectiveness in cases of constipation induced or aggravated by anticholinergic and ganglionic blocking agents."*

Veracolate

the physiologic, broad-spectrum laxative

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*Gasster, M.: Med. Times 86:1403, Nov. 1958.

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The anti-inflammatory action of the prednisolone 21-phosphate is reinforced by two sluable decongestants-for fast and prolonged action-and neomycin to combat intranasal infection.

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MEDICAL ECONOMICS · FEBRUARY 16, 1959 153

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HOW TO PROTECT YOUR INVESTMENT PROFITS

thoroughly reputable; and your own stockbroker will buy options for you as routinely as he buys and sells your stocks. Every contract is backed by the guarantee of a member firm of the New York Stock Exchange.

To illustrate the conservative use of options, let's suppose you bought 100 shares of Consolidated Vulture last year for \$20 a share. Now it's up to \$50, giving you a tidy capital gain of \$3,000.

You'd like to sell and take your profit. But you think there's a chance the stock may rise even further by next summer, and you'd hate to miss out on this further climb. Here's what you can do:

Sell your shares of Consolidated Vulture; but at the same time buy a six-month Call on the stock at its current price. No matter how high the stock soars, you'll be able to buy it back for



"I don't suppose you'd have a card saying something like 'Sorry about that malpractice suit'?"

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FEWER ANGINAL ATTACKS.

PROTECTS AGAINST PAIN

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Meprobamate and Pentaerythritol Tetranitrate

Tablets, vials of 50, meprobamate (200 mg.) and pentaerythritol tetranitrate (10 mg.)

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\$50 a share at any time within the six-month period.

Such a six-month Call might set you back about \$400. And the money's down the drain if you don't exercise your option—as you won't, of course, if the price of the stock drops instead of rising. But the \$400 is tax-deductible as a capital loss. Meanwhile, it has permitted you to enjoy a \$3,000 capital gain.

On the other hand, if the stock shoots up to 70 within a few months, your \$400 worth of insurance really pays off. Then you can exercise your Call and buy the stock for only \$50 a share—plus the usual stock-brokerage commission. This gives you an immediate paper profit of nearly \$2,000. Or, since the Call is negotiable, you can simply sell it to a dealer for roughly the same \$2,000.

In effect, by selling your stock and buying a Call against it, you've nailed down your original capital gain without losing out on possible additional profits within the next six months. All for the price of a \$4-a-share "insurance premium."

The Put works the same way
—in reverse. Suppose, instead of
wanting to sell, you like Con-

solidated Vulture as an investment. But you're afraid the market as a whole may soon drop sharply. So you hold onto the stock; but you also buy a sixmonth Put on it at its current price. This gives you the right to sell your shares for \$50 each during the option period, no matter what the market does.

If the stock stays at around 50 or goes higher, you let the Put expire. If Consolidated Vulture takes a nose dive, you have the right to sell it for \$50 a share. Thus, for the price of the Put, you insure yourself against any big drop in the stock's price during the option period.

Other Ways to Hedge

Incidentally, it's possible to hedge both ways—against a rise and against a fall—by buying a type of option known as a "Straddle," or still another type called a "Spread." But Straddles and Spreads are pretty tricky things. Market professionals, who know how to use them, generally advise amateur investors to stick with the much simpler—and less expensive—Puts and Calls.

As I've said, Put-and-Call contracts are usually sold only

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A notable advance in topical therapy of psoriasis: Keratindispersing action;' stimulation of healing.

Successful results ranging to complete clearing obtained of in patients with: scalp-to-toe psoriasis psoriasis of many years' duration psoriasis involving tender areas.

Treatment-fastness has not occurred

Safety: Avoids potential hazards of other therapies - mercury, arsenic, corticosteroids, x-rays.

A noteworthy advance cosmetically: Nongreasy, nonstaining; vanishes on application to the skin. May be used freely on the scalp.

Application: Rub thoroughly into lesions 2 to 4 times daily. In cases of long duration, initial response may take several weeks. Often, in obstinate cases, hot baths before applications hasten response. Maintenance: Apply 2 or 3 times weekly, or daily if necessary.

Formula; Allantoin 2% and special coal tar extract 5% in a lotion base.

Supplied: Bottles of 8 fl. oz.

 Flesch, P.: Reported Conf. N. Y. Academy Sciences May 9, 1958 (In Press).
 Bleiberg, J., 1958 (In Press).
 Bleiberg, J., 1958 (In Press).
 Charles May 9, 1958 (In Press).

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methyl "governor"
prevents hypoglycemia
...makes Orinase a
true euglycemic agent

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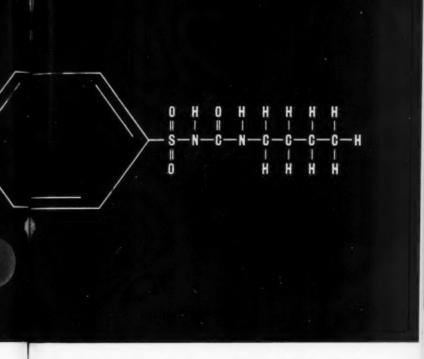
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The significant difference between Orinase and all other antidiabetes agents is that there is virtually no danger of hypoglycemic reactions as a result of Orinase therapy, regardless of dosage.

A logical explanation is that Orinase's exclusive methyl group in the para position serves as a "governor" to prevent hypoglycemia by facilitating the rapid inactivation of the molecule in the body. There is no *cumulative* effect.

The result is that, in patients in whom maintenance dosage has been established, Orinase lowers the blood sugar to normal levels, but almost never beyond that point. In other words, Orinase is a true euglycemic agent, in contradistinction to the others, which actually are hypoglycemic agents.

This unique margin of safety is especially important in the patient requiring insulin, because Orinase, superimposed on his insulin dosage, constitutes no added danger of hypoglycemia. This makes it feasible for you to smooth out the "peaks and valleys" of erratic blood sugar levels... to "stabilize" a surprising percentage of labile diabetics.

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for 100-share lots. The options may run for as little as sixty days or for as much as a year. A fairly common period is six months and ten days. Reason for the extra ten days: They give the investor a chance to make money that'll be taxed at low, long-term capital gain rates.

The longer the option period, the greater the cost. For example, a ninety-day Put on Chrysler was recently quoted at \$325. A six-month Put on the same stock was priced at \$450.

The price of Puts and Calls also depends on how volatile a

given stock is—how much it may be expected to rise or fall during the option period. Not long ago, a six-month Call on highly unstable Richfield Oil would have cost you \$950. You could have bought a similar option on Western Union for only \$225.

What about the dividends and stock rights declared by a company while you're holding a Put or Call against its stock? These are the only factors that can change the option price: It's always reduced by their value.

For example, if you have a \$50 Call on a stock and the com-

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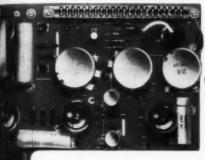


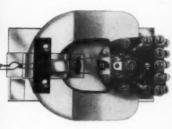
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Every one of the electronic components used in a Visette electrocar-diograph could be held in your two hands—dramatically demonstrating why this is the lightest, most compact ECG in existence today. But these same components would also prove something else—of equal importance—about the Visette: why it can "take it", and remain stable and accurate, after hundreds of trips to and from your office.

As you looked at these examples of completely modern electronics used in the Visette, you would see numerous transistors-rugged, miniature, solid devices which do many of the jobs vacuum tubes do, but with the advantages of much greater durability, preferable electrical characteristics in certain applications, and an extremely long operating life. You'd also see wiring which was printed on thin, tough phenolic panels—in place of hundreds of separate pieces of wire; such connections, of course, can't shake loose under constant jarring—and they also make possible "building block" circuitry in the Visette with separate, easily accessible plug-in panels.

And similar advantages in greater ruggedness, longer life, better performance or smaller size would be found in other Visette elements. Each one was chosen for the contribution it could make in achieving a smaller, lighter, more rugged ECG—without sacrificing accuracy. Together, they become part of an electrocardiograph offering unequalled operating convenience and portability. More than 3000 doctors today know this from their own experience—in using a Visette in their own practices.

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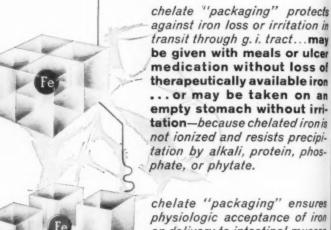
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1. Franklin, M., et al.: Chelate Iron Therapy J.A.M.A. 166:1685, Apr. 5, 1958.

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HOW TO PROTECT YOUR INVESTMENT PROFITS

pany declares a \$1 dividend, you can get the stock for \$49 a share if you later decide to buy it. And if you own a \$50 Put, you'll be paid only \$49 a share if you sell within the option period.

Do Puts and Calls sound like the kind of investment insurance you want? Fine. But remember that there's such a thing as being overinsured.

If you hedged all your investments by buying options on them, you could easily lose more money than you'd gain. Wise investors use Puts and Calls only where they feel that the size of the risk justifies the cost. And

some doctor-investors prefer two closely related hedging devices: stock warrants and stoploss orders.

Stock warrants are like Calls in that they also give you the right to buy a fixed number of shares of a stock at a given price within a certain period. The difference is that warrants are issued by the company itself and are actively traded over many stock exchanges and over the counter. They aren't individual contracts between a buyer and a seller, as Calls are.

The big advantage of warrants is that their option period is

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"And if the pain persists, see another doctor."

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THE DIFTENE NIBBLER

Both "nibblers" but one's losing weight

One eats fattening sweets. The other drinks a Dietene Milk Shake to satisfy the craving for "something good to eat" between meals—part of a sound reducing program.

Two Dietene Milk Shakes daily supply 36 grams of protein fortified with essential vitamins and minerals, providing more than half of a day's nutritional requirements. And Dietene's good taste solves the problem of between-meal nibbling.

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HOW TO PROTECT YOUR INVESTMENT PROFITS

much longer; some are even perpetual.* As a long-term hedge, they're generally much cheaper than Calls. Only trouble: Since not many companies issue warrants, they may not exist for the company you're interested in.

The other hedging devicestop-loss orders-is the alternative that many investors prefer to Puts. A stop-loss order is simply an order to your broker to sell a given security if its price ever drops to a certain figure.

For example, suppose Consolidated Vulture is now at 50 and you want to insure at least a good share of your paper profits on it. You can then tell your broker to sell it immediately if it drops as low as 45.

There's no extra charge for stop-loss orders. So they're really cheap insurance.* Bu their disadvantage is that they're too rigid. Your stock can drop to 45, just low enough to trigge the sale; then it can bound merrily upward again, leaving you with a \$5-a-share loss. As I've explained, a Put gives you a lot more leeway.

One last word: If you haven't had much experience with any of the various hedging devices, play it safe. Talk the game over with your investment adviser before making your move.

DECA reten liure

lley oops!

One night I called on an elderly patient whose condition had gradually become hopeless. I found all her devoted family gathered round her bed, very somber. I nodded a greeting, the occasion being too solemn for speaking.

Then, in a manner befitting the hushed atmosphere, I bent down to open my bag-and found I'd brought in and was about to open my bowling bag.

Without one encouraging smile or remark, I made a not too dignified retreat to my car to exchange bags.

-HAROLD E. KARDON, M.D.

^{*}For further details, see "Facts Worth Knowing About Stock Warrants," MEDICAL ECONOMICS, June 9, 1958.

[°]For further details, see "Don't Forget to Stop-Loss Your Stocks," MEDICAL ECONOMICS, June 23, 1958.

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DECADRON—the new and most potent of all corticosteroids, eliminated fluid retention in all but 0.3 percent of 1500 patients†, and induced beneficial duresis in nearly all cases of pre-existing edema.



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Therapy with DECADRON has also been distinguished by virtual absence of diabetogenic effects and hypertension, by fewer and milder Cushingoid reactions, and by freedom from any new or "peculiar" side effects. Moreover, DECADRON has helped restore a "natural" sense of well-being, tAnalysis of clinical reports.

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Malpractice Suits Should Be

This lawyer believes they can be abolished by setting up a system of medical justice outside the courtroom —a system that would ensure fair play for the injured patient without roughing up the responsible physician

By Allan J. Parker, LL.M.

Malpractice actions should be abolished by law. What's more, I believe they can be.

An empty dream? Not at all. But would it be morally wrong to deny patients the protection that the right to sue gives them? Not if they were given equivalent protection—minus today's hoopla and hiked-up claims—outside the courtroom.

For an analogy, consider Workmen's Compensation as it now operates. A similar plan could compensate injured patients without necessarily punishing their doctors. I think it would be entirely feasible. But first we'd have to convince the public of a plain fact that you doctors ought to know better than I do: Malpractice suits are doing the whole community more harm than good.

For one thing, they muddy up the vital doctor-patient relationship. How can there be confidence if doctor and patient view each other as potential adversaries? Without confidence, how can there be successful therapy?

For another thing, they interfere with medical progress. It's a

THE AUTHOR is a practicing lawyer in New York City.

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known fact that some doctors hesitate to use modern techniques because they fear possible lawsuits. When you permit jurors to sit in judgment on medical procedures, who's the ultimate loser? The patient, of course.

Put it another way: What's more important to the community: the right to sue medical men, or the right to the best available medical treatment?

Protection for the individual? Fine. But let's protect the general welfare too. And it's the community at large-you and I and all of us-that must suffer from the current malpractice chaos

Once it's realized that malpractice suits should go, they can be banned. To back up that statement, let's consider other types of litigation that once menaced society everywhere, but that many states have tossed out the courthouse window.

Take the automobile-guest laws on some states' books. When there's an auto accident, should a passenger be allowed to sue his driver-host at will?

In more than a dozen states now, the answer is no: The law steps in as referee between driver and guest. In these states, a guest may no longer sue

simply because of any auto mishap. He can recover from the man at the wheel only in cases of "wanton," "willful," or "gross" negligence.

That's not the same as banning all such suits, of course. But it's an analogy that may shed some light on our malpractice situation. And I can cite another kind of litigation that has been totally outlawed in many places: the alienation-of-affections suit

Have you noticed the recent dearth of headlines about such suits? They used to have many of the same unsavory qualities as many a modern malpractice case. Check off the resemblances for yourself: angry claimant who's eager to hit out at someone; fee-hungry attorney; threat to defendant's reputation; pressure to the point of blackmail for a big out-of-court settlement.

What happened? The public began getting fed up with the phoniness of some heart-balm actions. So state after state banished them all.

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In New York, it's now a crime for plaintiff or attorney even to file an alienation-ofaffections suit. And no payment of heart-balm money is sametioned in or out of court. More

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You are giving very special physical comfort to your patients with RAMSES® Diaphragm and Jelly* because the RAMSES Diaphragm has a soft, cushioned rim and is flexible in all planes to permit complete freedom of motion, and because RAMSES Jelly is uniquely suited for use with the diaphragm. Not static, it flows freely over rim and surface to lubricate the diaphragm, add comfort, and protect patients for ten full hours.

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After fitting the diaphragm, prescribe the complete unit — new RAMSES "TUK-A-WAY"® Kit #701 with diaphragm, introducer and jelly in an attractive new zipper case.

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1. Tietze, C.: Proceedings, Third International Conference Planned Parenthood, 1953.

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MALPRACTICE SUITS SHOULD BE ILLEGAL!

An occasional individual may suffer as a result of this out-andout ban. But I'm sure you'll agree that society at large is the gainer. Thus, we can express what seems to me a pretty basic principle in these general terms:

The law must sometimes deny even deserving individuals the right to sue for damages, if that denial protects a greater right of the community.

On this basis, most courts

have said it was constitutional to ban the heart-balm suits.

Then how can you put a legal stop to the malpractice menace? By educating the public up to a realization of its stake in the problem. By arousing public opinion to a point where the law will have to step in. And by offering patients a much fairer type of protection against medical and surgical hazards than the kind they have now. More

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"You just a tiny bit nearsighted, Doc?"

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CLISTIN® EXPECTORANT returns tots to their busy activities

Clistin Expectorant lessens coughing paroxysms by its soothing, demulcent action; loosens tenacious secretions—shortens the cough's duration.

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What might that be? Let's return to a consideration of something I've already mentioned: the Workmen's Compensation laws.

In the early Nineteen Hundreds, many state legislatures faced the question: Who causes an on-the-job accident, employer or employe? The lawmakers decided that some industrial accidents are inevitable, and that it doesn't always make sense to let a lawsuit name a guilty person. So in some states legal actions charging employers with negligence were abolished. In their place came Workmen's Compensation insurance.

If an employe is injured on the job today, he qualifies for compensation. Payments are generally smaller than they might be as the result of a lawsuit. But they're also more uniform. And they're certain.

Compensation cases are easier on everybody. Court costs and lawyers' fees are less; so is any resultant ill will. Wouldn't a similar program to handle medical injuries be equally feasible?

It seems to me that the machinery for such a program could -and should-be developed by the nation's medical societies. Cases might be handled within the framework of already existent grievance committees. With imagination and some plain hard work, it should be possible to come up with an insurance setup that would guarantee a fair deal for both patients and doctors.

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The aim would be to compensate any patient who had a legitimate claim based on medical negligence. And facts, not fear. would be the deciding factor.

True, the injured patient would be a petitioner before a grievance board, not a claimant as he is in a lawsuit today. But frequently he would be better off. Courts can be slow, and the outcome of lawsuits is doubtful. Under a compensation-insurance system, the individual with a just claim would get speedy reimbursement. And society would benefit from medicine's ability to forge ahead without fear.

Let's label our current malpractice system as what it is: not the doctors' private woe but a community headache. If you medical men start thinking along those lines, you'll find plenty of dedicated laymen ready to join your crusade. END

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DOX (tablets and drops)

MONADOXIN Tablets relieve nausea and vomiting of preg-nancy in 9 out of 10,1-7 often within a few hours.

preover, a controlled study of 620 cases reported that with BONADOXIN "toxicity and intolerance [are] zero." **PONADOXIN** is rarely soporific. It is free from the risks associated with overpotent tranmilizer-antinauseants.

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Each tiny pink-and-blue BONADOXIN tablet contains:

Medizine HCI (25 mg.) . . . for antivertiginous, antinauseant

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DOSAGE: usually one tablet at dtime. Severe cases may rere another dose on arising.

SUPPLIED: tiny pink-and-blue tablets, bottles of 25 and 100. Fruit-flavored, clear green syrup 30 cc. dropper bottles.

Infant colic? BONADOXIN DROPS are antispasmodic...stop colic in 84%,8-10 without the risk of belladonna and barbiturates.

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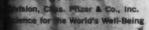
under 6 months 0.5 cc.

6 months to 2 years 1.5 to 2 cc. 2 to 6 years . . 3 cc.

adults and

children over 6 1 tsp. (5 cc.) 2 or 3 times daily, on the tongue, in fruit juice or water

References: 1. Goldsmith, J. W.: Minnesota Med. 40:99 (Feb.) 1957. 2. Groskloss, H. H., et al.: Clin. Med. 2:885 (Sept.) 1955. 3. Weinberg, A., and Wenner, W. E. F.: Am. Pract. 8 Digest Treat. 6:580 (April) 1955. 4. Crawley, C. R.: West. J. Surg. 8:463 (Aug.) 1956. 5. Tartikoff, G.: Clin. Med. 3:223 (March) 1955. 6. Dunn, R. D., and Fox, L. P.: Clinical exhibit. 7. Codling, J. W., and Lowden, R. J.: Northwest Med. 57:331 (March) 1958. 8. Dougan, H. T.: Personal communications of the communication of the comm 1958. 8. Dougan, H. T.: Personal communica-tion. 9. Leonard, C. L.: Personal communication. 10. Steinberg, C. L.: Personal communication.



























Something to remember about mouthwashes...



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There may come times in the course of your daily practice when you are asked to recommend a mouthwash—for a scratchy throat, for example, or a "furry" taste, or bad breath, or general oral hygiene.

If this question is asked, Doctor, you may suggest Listerine Antiseptic without any cautions whatsoever.

The Listerine formula, as you may know, is all but identical to that of *liquor antisepticus*, as listed in the National Formulary.

Listerine is not only effective, it is completely safe, even for small children. And Listerine Antiseptic is on hand and available in more U. S. homes than all other mouthwashes combined.

If you would like Listerine Antiseptic for home or office use, the special offer below might well be worth your consideration.

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Fill out the coupon below and send it in with your professional card and check or money order for \$2.50 made out to Lambert Pharmacal Company Division and receive prepaid a full gallon of Listerine Antiseptic.

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The Doctor's Wife As a Practice Builder



How can she be most helpful? Can she also be harmful? Here are forthright answers drawn from a national survey of the wives themselves

By William N. Jeffers

Does a doctor's wife influence his career? Of course. But how, for good or ill, does she usually do it?

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To shed some light on the subject, MEDICAL ECONOMICS has sought answers from some real authorities: the ladies themselves.

A cross-section of U.S. doctors' wives were asked these two basic questions: "What can a doctor's wife do to help his practice? And what can she do to harm it?"

Here's what they say:

1. How She Can Help

"To me," says one woman, "the best thing she can do to help his practice is learn to be a good wife. That's a specialized and demanding job. But she's living with a man who never stops

THE DOCTOR'S WIFE AS A PRACTICE BUILDER

learning, and she should do the same."

That view, variously expressed, is held by more respondents than any other. Typical advice: "Make a good home, with good food and pleasant surroundings. Your husband will then be happy to work, and happy to come home after work."

The Role of Laundress

"A wife can help most by providing clean, fresh clothes that keep him looking like a doctor," another homemaker observes. But she doesn't, of course, feel the thing stops with good laundry facilities. She continues:

"He should have a contented, harmonious home life. And the family should let the public know in quiet, subtle ways that they're proud of their husband and father. That's how they prove their willingness to help him serve his patients."

"Try to reserve enough strength to show an interest in what he has to say," another wife heroically suggests. "That is, when he has time to sit down and say it."

More

the housewife with a head cold often must "keep on the go"...



Analgesic therapy for this or any patient with a cold can be doubly effective when you prescribe 'Daprisal'. This effective combination of two analgesics plus the mood-lifting components of Dexamyl® relieves pain and stiffness and, at the same time, overcomes the sluggish, dragging, depressed feeling that increases a head cold's misery. Thus, 'Daprisal' is ideal supportive therapy for your head-cold patient who must "keep on the go."

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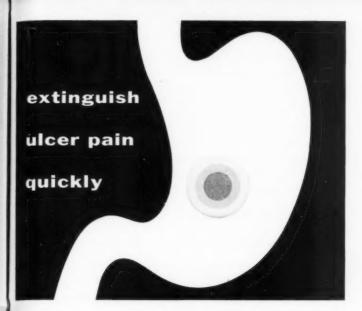
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Mucotin helps promote natural healing two ways:

1. Histamine-free natural gastric mucin in Mucotin promptly spreads a soothing protective coat over raw or inflamed mucosa—creates an acid-barrier action against further damage by gastric juices.

2. Histamine-free *natural* gastric mucin in Mucotin evenly disperses two proven antacid components—holds them in prolonged contact with sensitive mucosa, relieves pain and discomfort.

Mucotin is a soothing adjunct to any peptic ulcer regimen and assures prompt relief in hyperacidity, chronic gastritis, pylorospasm and gastroenteritis. Dosage: two pleasant-tasting tablets 2 hours after each meal or whenever symptoms are pronounced.

Each Mucotin tablet contains: natural gastric mucin 160 mg. (2½ gr.), aluminum hydroxide gel 250 mg. (4 gr.), magnesium trisilicate 450 mg. (7 gr.).

Mucotin

the antacid with natural gastric mucin

coats the crater neutralizes acid



THE DOCTOR'S WIFE AS A PRACTICE BUILDER

Obviously, it's no cinch to make a happy home life for the typical harassed physician. "We have to be reasonable about his hours," counsels one woman. "But," she adds, "it ain't easy!" "I plan high-protein, quick-energy meals," says another domestic angel, "and I'm ready to feed him day or night at a moment's notice."

A number of the respondents point out that the doctor's wife must be far less demanding than most American women. Say one: "My husband's peace mind is most important in h career. So he needs a hom where he can do as he please and bring in his friends any time I try to be a good hostess and good listener; and I'm available whenever he wants to go any where. But if he feels like golp off alone-say, to hunt or fish-I don't try to tag along."

"A doctor's wife should never really expect her husband to

When the Doctor's Wife Has Money

Says one practitioner's wife: "When my husband sold his practice to a young G.P., it was paid for by the G.P.'s wife, who had money of her own. She made no bones about the fact she'd bought her husband a house and a practice. And she openly campaigned for him, telling everyone she met: 'My husband's a marvelous doctor; when you get sick, come see him.' This hardly delighted other local doctors and their wives. I'm sure it kept many G.P.s from turning 'excess' patients over to the new man. And most laymen get suspicious when a doctor's wife pushes them toward her husband. They think there must be something wrong with him."

But here's a different point of view from another woman: "It's a known fact that society girls like to marry M.D.s-and that many young doctors from genteel but humble backgrounds look for girls from the Social Register. You can't overestimate the patient-getting ability of a wife who can set her husband up in a good office and introduce him to the right people."

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Until you provide
GREATER RELIEF
with longer-acting*

Novahistine LP

*A single dose provides relief for as long as 12 hours.

Novahistine LPt combines the action of a quick-acting sympathomimetic with an antihistaminic drug for a greater decongestive effect.

Usual dose: Two tablets, morning and evening. For mild cases (and children), I tablet. Occasional patients may require a third daily dose, which can be safely given.

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THE DOCTOR'S WIFE AS A PRACTICE BUILDER

come home," observes still another of the surveyed women. "She should simply show her appreciation when he *can* spend time with her. That's why she hires help to mow the lawn, put up storm windows, and so forth. And she never pushes the poor guy into social functions he'd just as soon skip."

Apart from her housewifing, what else can the doctor's spouse do to forward his career? Most frequent answer: Be friendly with everyone she encounters; but also know when to keep her mouth shut.

"The cardinal rule," says one wife, "is 'Make no enemies.' You've got to be friendly, even when you find someone in dirty overalls stretched out on your pretty davenport waiting for your husband."

The Old Oil

Adds another: "When patients phone our home, I never say I don't know where my husband is unless I've got a darned good reason for saying so. Graciousness is vital."

Noncommittal graciousness, that is. "The smartest single



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Your child patients will take their vitamins daily_ as you recommend them _ when you prescribe

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Vitamin D	
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Blotin	30 mcg.
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lodine	0.2 mg.
Magnesium	3.0 mg.
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52% of children in the "in between" age group from 2 to 9 years take no vitamin supplement regularly. When vitamin drops and liquids have been abandoned, DELECTAVITES assure continuous, uninterrupted vitamin supplementation.

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they come
to
you
with a G.U. infection
because of pain

Azotrex

Symptoms of urgency, frequency, painful urmation, incomplete emptying of the bladder, and backache usually first cause the patient to seek help from his physician. AZOTREX Capsules provide both the rapid symptomatic relief desired by the patient, and the vigorous antibacterial measures required for control of the underlying infection.

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Specific urinary analgesic action of phenylazodiamino-pyridine HCl—long noted as the standard G.U. tract analgesic—offers dramatic relief of painful symptoms. Visual confirmation of prompt action is the change in the color of urine the patient sees shortly after taking his first capsules of AZOTRIKK.

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Combined activity of TETREK (tetracycline phosphate complex) and Sulfamethiazole offers unusually effective control of the gram-negative and gram-positive bacterial components identified in a great number of acute and chronic infections of the urinary tract. AZOTHEK is especially indicated in mixed infections.

TETREX is the rapid and efficiently absorbed oral form of the antibiotic well-known for its broad-spectrum activity; singular freedom from such dangerous toxic reactions as blood dyscrasias, renal toxicity, hepatitis, neurotoxicity, anaphylaxis; and minimal undesirable side effects. TETREX is effective against a wide

variety of organisms, including streptococci, staphylococci, pneumococci, gonococci, E. coli, A. aerogenes, Shigella. The excellent clinical results achieved with Sulfamethiazole in urinary tract infections1 are based on its remarkably high solubility (130X as soluble as sulfadiazine - the standard of comparison in sulfa therapy), low degree of acetylation in urine (only 5-7%), rapid and complete urinary excretion2 . . . and broad-range usefulness, particularly in those patients sensitive to other sulfonamides. Sulfamethiazole is effective against sulfonamidesensitive organisms, including E. coli, streptococci, pneumococci, B. faecalis, gonococcus. With regard to B. proteus, Pseudomonas and Aerobacter aerogenes results are unpredictable and sensitivity determinations are necessary to determine beforehand the effectiveness of any sulfonamide or antibiotic. Well-tolerated, with a wide margin of clinical safety, Azotrex offers unsurpassed antibacterial treatment of urinary tract infections due to sulfonamide-sensitive and tetracycline-sensitive organisms.

an excellent choice in G.U. infections

Azotrex

Azotrex Capsules

each capsule contains:

TETREX (tetracycline phosphate complex equivalent to tetracycline

Phenylazo-diamino-pyridine HCl . 50 m

minimum adult dose:

One capsule q.i.d.

supplied:

Bottles of 24 and 100 Capsules,



References: 1. Duckwalter, F. H. and Creak, G. A.: Antibiotic Med. & Clin. Ther. 5:46-51 (Jan.) 1988. 2. Osc), A., and Farar, G. E., Jr., eds.: The Dispensatory of the United States of Astrotics. 23th Edition, Philadelphia, J. B. Lippincott Co., 1985, p. 1881. 3. Council on Fharmacy and Chemistry, J.A.M.A. 181:971 (July 7) 1986.

THE DOCTOR'S WIFE AS A PRACTICE BUILDER

thing a doctor's wife can do is to learn never to discuss fees, procedures, other doctors, etc. with laymen," comments a typical wife. "I'm constantly amazed at the way medical talk can be misconstrued. So I never say anything that can be twisted into nonsense and then credited to me-and my husband."

"Just play dumb regarding

your husband's patients," at vises another respondent. "All I know is that my husband does have a practice."

According to a number of the women, it's also a good idea for the doctor's wife to be active in community affairs. But apparently this is a debatable matter

About a third of the surveyed wives believe that membership



"It's your wife. She wants to know if she needs a prescription to get a bottle of Geritol."

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TOCLASE red-colored, raspberry-flavored syrup, 7.25 mg. Toclase per teaspoonful (5 cc.), bottles of 3 fl.oz. and 1 pt.

TOCLASE Expectorant

amber-colored, cherry-flavored syrup, 7.25 mg. Toclase, 16.67 mg. terpin hydrate, 2.45 mg. chloroform per teaspoonful (5 cc.), bottles of 1 pt.

ends the "coughathon"

non-narcotic sugar-free

acts directly on cough center

TOCLASE Tablets red-colored. 25 mg, per tablet bottles of 25

for nasal congestion



"closely approximates fulfillment of all of the desired qualities of a decongestant"1

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TYZINE Nasal Spray 15 cc., in plastic squeeze bottles, 0.1% TYZINE Pediatric **Nasal Drops** 1/2-oz. bottles, 0.05% with calibrated dropper for precise dosage

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NOTE: As with certain other widely used nasal decongestants, overdocage may cause drowniness or deep sleep in infants and young children: KEEP OUT OF HANDS OF CHILDRIN OF ALL ACES, Do not use TYZHEN Nasal Spray and TYZHEN Rosal Solution, 0.19%, in children under six years. When using TYZHER Nasal Spray in the plustic bottle, it should be administered only in an upright position.

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PFIZER LABORATORIES

Brooklyn 6, New York

in civic or social groups makes no contribution at all. Says one: "I'm pretty active in our community. But for those patients my husband may gain because I work for one group, he may lose as many because some other group feels I should be working for them."

Observes another: "There's such a profound community feeling either for or against a doctor that what his wife does makes little difference, especially in rural areas."

Still, most of the respondents think community work does help. But many of them emphasize that it should never be undertaken *merely* as a practice builder. A typical quote:

They Recognize Phonies

"A wife's civic interests can help the doctor because through her activities she meets all religious groups and social levels. But she's got to be *sincerely* interested in such work. It's easy to spot a woman who's in it just in order to further her husband's career."

What type of community activity is likely to be most helpful? The answer, according to about half the communityminded respondents: church work. Says one enthusiast: "It seems that everyone I've visited as a worker on the membership committee of our church has later come to my husband's office as a patient."

"My husband's practice has undoubtedly been helped by our church membership and activities," reports another woman. "People seem to respect the fact that we take our church life seriously."

Another Good Field

A second good practice-building field among community activities seems to lie in medical auxiliaries. ("Doctors' wives can influence referrals now and then.") Among other recommended groups: junior women's clubs ("These women fall into the susceptible OB stratum!"); nursing associations ("A specialist is most apt to be sought by people who are interested in health in general"); and bridge clubs ("Many of the players are newcomers to town; they choose my husband because they know me").

So much for the major ways in which a wife can help her husband's practice, as revealed by 17

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in the majority of your arthritic cases Bufferin alone can safely and effectively provide adequate therapeutic control without resorting to the more dangerous cortisone-like drugs.

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in acute skeletal muscle spasm-

A SPEEDIER RETURN

1 In 33 adults with skeletal muscle spasm secondary to acute trauma:

"All patients of this group received some degree of relief from the drug, and it is interesting that there was a significant degree of reduction in skeletal muscle spasm in 96% of these patients."

2 In 39 patients with herniated lumbar and cervical disa who received methocarbamol for relief of pain and muscle spasm:

"The response was judged to be pronounced in 25"..
"moderate" in 13. "In most instances the attacks subsided quickly, so that the patients could continue a work or go back to work sooner than expected."2

3 In 17 patients with acute muscle spasm:

"An excellent result, after methocarbamol administration, was obtained in all patients with acute akelete muscle spasm."³

4 In 30 patients with pyramidal tract and acute myalgic de-

"Use of this drug (Robaxin) resulted in significant improvement in 27 (90%), questionable improvement in 2, and none in 1... No side-effects developed after 72 hours on the medication."

5 In 60 industrial workers with uncomplicated skeletal muscle spasm:

"Results were gratifying in that 55 workers, or 92%, could return to full or light duty. No side effects were encountered." 5

Supply: ROBAXIN Tablets, 0.5 Gm., in bottles of 50.

References: 1. Carpenter, E. B.: Southern M.J. 51:027, 1958. 2. Fe syth, H. F.: J.A.M.A. 107:163, 1968. 3. "Dobsin'd, D. E. and Shield C. D.: J.A.M.A. 167:160, 1958. 4. Park, H. W.: J.A.M.A. 167:160, 198 S. Plumb, C. S.: Journal-Lancet 78:531, 1868.

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EXCELLENT,"3

"MARKED,"

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"SIGNIFICANT"4 or

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results in 80.3% of cases of acute skeletal muscle spasm, and 'moderate' results in

beneficial result in

94.4% of cases.

Relatively free of

adverse side effects.

6.2 mg.).

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Menaphen 12.4 mg.).

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Pain relief-tailored to patient need-even (in many cases) eliminating the need for morphine, "the drug of last resort,"2 through -

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ADVANTAGEOUS COMBINATION

"Combinations of codeine with mild analgesic agents are commonly used to relieve pain refractory to the mild analgesic agent alone. Such combinations offer the advantage that pain relief may be afforded by doses of codeine that are ineffective when given alone."1

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Gross, E. G., and Keasling, H. H.: Poetgrad, Med. 24:235, 1988.
 Ritchie, W. P.: J.-Lancet 76:147, 1966.

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Austylsolicylic acid (2% gr.)	162	mg.
Phenocetin (3 gr.)	194	mg.
Phenobarbital (1/4 gr.)	16.2	mg
Hyarcyamine sulfate	0.031	mg

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naphen with Codeine Phosphate ½ gr. 22.4 mg.).

MENAPHEN No. 4

sent is Manaphen with Codeine Phosphate 1 gr.

PHENAPHEN PHENAPHEN WITH CODEINE

the MEDICAL ECONOMICS survey. But before examining the other side of the coin, consider these words from one thoughtful respondent:

"Let's give credit to all the young wives who work to keep their husbands in medical school. And let's give credit to all the women who wait to have their babies till their husbands get their offices set up and their practices built a little. They're the real contributors."

Yet as every doctor knows, some wives, on balance, make no contribution at all. They're the ones who so well demonstrate...

2. How She Can Harm

"I've seen a doctor hurt his own practice, but I've never seen a doctor's wife hurt it," asserts one of the surveyed women.

A big majority of the respondents would consider her either unobservant or inattentive. Most of them *have* seen practices harmed by wives.

How?

"By TALKING TOO MUCH!" one woman declares in capital letters. This is the sentiment most frequently—and most emphatically—expressed by the wives themselves.

But it's not just the irresponsibly gossiping wife who causes trouble. The woman who unguardedly lets a single practice-connected fact slip out can also do damage: She makes people wonder whether they dare consult her husband. A respondent describes how this can happen:

Yakity-Yak

"At the bridge club, someone says: 'I haven't seen Mary for some time.' The doctor's wife absent-mindedly replies: 'I saw her yesterday at the office.' That's all it takes. All over town, one woman will be saying to another: 'You know, Mary went to see Dr. Spelvin last week. I wonder what's wrong.'"

Almost as harmful as loose talk, the survey indicates, is an assumed air of superiority. Explains one respondent: "There's a certain kind of doctor's wife who feels she's much too good for the town she's stuck in. She takes no part in local affairs, she patronizes no local stores, and she constantly belittles the town to its benighted natives. Naturally, she takes no interest in her husband's patients."

An allied vice cited by a number of the surveyed women: the in diarrhea...

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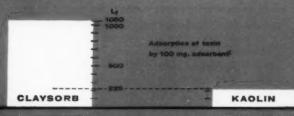
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CLAYSORB is 5 times as adsorptive as kaolin

When you prescribe POLYMAGMA or POLYMAGMA Plain to control diarrhea, you are prescribing adsorptive superiority. Both preparations contain Claysorb—a new intestinal adsorbent whose superiority over kaolin has been demonstrated in exhaustive studies.^{1,2,8}

For *bacterial* diarrhea, POLYMAGMA is bactericidal to many intestinal pathogens. It is soothing and protective to the irritated mucosa. It aids in the restoration of normal intestinal function. Highly effective, highly palatable.

For nonbacterial diarrhea, POLYMAGMA Plain—same formula but without antibiotics.

Barr, M., and Arnista, E.S.: J. Am. Pharm. A. (Scient. Ed.) 46:493 (Aug.) 1957.
 Barr, M., and Arnista, E.S.: *Ibid.* 46:486 (Aug.) 1957.
 Barr, M.: *Ibid.* 46:490 (Aug.) 1957.

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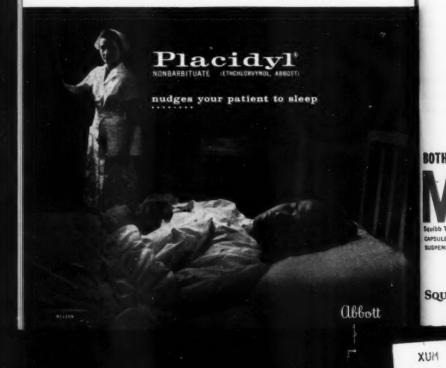
THE DOCTOR'S WIFE AS A PRACTICE BUILDER

ostentatious display of wealth. Observes one wife: "It can be damaging indeed for a doctor's wife to tool around in a forty-foot car, to own a couple of mink coats, and otherwise to advertise that her husband has a big income. I sometimes see it in this rural area. A patient's savings will be completely eaten away by medical costs—and then his doctor's wife is pictured in the papers as the best-dressed woman in the state!"

Even more damaging, in the view of many respondents, is interference in the doctor's office affairs. "I know a wife who comes in every day to check her husband's books!" reports one woman. "I'm sure the patients don't like this. They're uncomfortable if they think their financial standing is known to too many people. And the doctor's girls resent such 'snoopervision,' especially by another of the same sex."

Other Offenses

Gossiping, ostentation, and office-meddling—these are the cardinal offenses revealed by the survey. But they're not the only



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MYSTECLIN-V CONTAINS TETRA-CYCLINE PHOSPHATE COM-PLEX FOR A DIRECT ATTACK ON THE PRIMARY INFECTION.

MYSTECLIN-V strikes directly at all tetracycline sensitive organisms with all the established benefits of tetracycline in new, more effective phosphate complex form. 1 Patient response is rapid because initial high peak blood serum levels may be maintained easily at the antibacterial attack level until the infection is conquered.

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BOTH ARE OFTEN NEEDED WHEN BACTERIAL INFECTION OCCURS

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quibb Tetracycline Phosphate Complex (Sumycin) and Nystatin (Mycostatin)

CAPSULES (250 mg./250,000 u), bottles of 16 and 100. HALF-STRENGTH CAPSULES (125 mg./125,000 u), bottles of 16 and 100.

SUSPENSION (125 mg./125,000 u per 5 cc.), 2 oz. bottles. PEDIATRIC DROPS (100 mg./100,000 u per cc.), 10 cc. dropper bottles.

SQUIBB (II)

REFERENCES: 1. Cronk, G. A.; Naumann, D. E., and Casson, K.: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia Inc., 1958, p. 397. * 2. Newcomer, V. D.; Wright, E. T., and Sternberg, T. H.; Antibiotics Annual 1954-1955, New York, Medical Encyclopedia Inc., 1955, p. 686.

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SPECIFIC CONTROL

OF EMOTIONAL DISTURBANCES

THROUGH DUAL ACTION

motor excitability. This effect on the components of emotional reaction is possible because of the dual sites of action of PROZINE—the thalamic and hypothalamic areas of the brain. The unique dual action of PROZINE enables the physician to exert more specific control over emotionally disturbed patients.

PROZIME controls emotional disturbances manifested by apprehension and agitation, insomnia, nausea and vomiting, gastrointesting symptoms, alcoholism, menopausal symptoms, premenstrual tension

turbance, in patients having an emotional disturbance unrelated to their organic disease, and in patients emotionally disturbed by primary organic disease. PROZINE is especially useful in overly apprehensive medical patients—including surgical and obstetrical—and is emotional problems of children, adolescents, and the aged. It also is useful in emotionally disturbed patients who receive little or no relief from analgesics, barbiturates, anticholinergics, antihypertensives, and hormones (estrogens and corticoids).

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3 or 4 times daily) produces more specific control than is obtainable with high doses of other ataractic agents.

In emotionally disturbed patients on the dose required is diminished to the point where the incidence of side-effects and toxicity reactions is minimal* and the patient is calm, tranquil, and amenable to additional therapy, whether it be educational, medical, or psychiatric.

Supplied: Bottles of 50 capsules, each containing 200 mg. of meprobamate and 25 mg. of promazine hydrochloride. Comprehensive literature available

*In studies involving 972 patients suffering a variety of emotional diseases, related and unrelated to physical ailments, 78 per cent were improved; the incidence of side-effects was only 3.7 per cent.

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MEDICAL ECONOMICS · FEBRUARY 16, 1959 203

THE DOCTOR'S WIFE AS A PRACTICE BUILDER

ones. Also prominently mentioned by respondents: idleness ("Some wives are so self-centered and unable to keep busy that they make more demands on their husbands than patients do"); excessive drinking ("It's especially unfortunate for a doctor's wife to get alcoholically loud in public"); and extravagance ("He's got the strength to make only so much money. Why kill him off in his thirties?").

But it may be significant that

the respondents describe helpfulness at much greater length than they do harmfulness. Is the wife who hurts her husband's practice a rare bird indeed? That's the theory of one medical center administrator who has observed the species closely for twenty years. Says he:

"My feeling about doctors' wives is that they're probably not superwomen to begin with. But they generally become superwomen. They damn near have to."

Special technique

As a maternity hospital resident, I was scrubbing before assisting at a delivery. The obstetrician hadn't yet arrived. The patient, a multipara, was on the table, and anesthesia had been started.

Suddenly there was a frantic cry from the nurse-anesthetist in the delivery room. I dashed in—to find the patient cyanotic and with no respiration.

I immediately mounted the table, straddled the patient, and began artificial respiration as the nurse administered cardiac stimulants.

All at once the patient heaved a deep sigh, and almost simultaneously I heard the cry of the infant from between my legs. Just then the obstetrician walked in.

"How do you do?" I said.

-M.D., NEW YORK

For each previously unpublished anecdote accepted, Medical Economics pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N. J.

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You wouldn't know it, but I'm teething."

NOW all the comfort a mother can give to tots with teething discomfort, colds, postinoculation reactions, pruritic conditions

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Antihistaminic-analgesic-antipyretic preparation, with pleasing raspberry flavor. Each cc. of solution contains 0.75 mg. CHLOR-TRIMETON* Maleate (chlorprophenpyridamine maleate), 80 mg. sodium salicylate and 25 mg. glycine. Available in 30 cc. bottle with calibrated plastic dropper.

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welcome relief of spasm and pain is continuously reported in functional G-I disorders, such as irritable, spastic colon syndrome; peptic ulcer; biliary dyskinesia; pylorospasm; and infant colic.

relief can be expected . . . even in patients where other antispasmodics have failed.14

dual antispasmodic action is specific to the G-I tract. Spasm pain is relieved by direct relaxation of the smooth muscle and postganglionic parasympathetic nerve blockage.

even in the presence of glaucoma' . . . BENTYL ages not increase intraocular tension, produce blurred vision, dry mouth or urinary retention.

1961, 2. Hock, C. W .: J. M. A. 69:532.

20 mg. t.i.d. (dicyclomine) Hydrochloride

TRADEMARK: 'BENTYL'

Referring a Patient?

Tell Him These Things First

If he doesn't understand the reasons for the consultation, the preparations he should make, and the probable cost, you may get the blame

By Henry A. Davidson, M.D.

ot long ago, Gordon Andrews went to a proctologist. No one had told him to take a laxative the night before. Both the G.P. and the specialist had assumed that the other would say something about it. So Andrews got to the proctologist's office with a full bowel—and was soon brimming over with indignation, too.

Similarly, Frank Braxton was referred for a basal metabolism check. He came in cheerfully at 8 A.M. after an old-fashioned New England breakfast. "Didn't your doctor tell you to come on an empty stomach?" asked the nurse. No, the family doctor

thought the specialist would mention it. And vice versa. So again the patient was caught in the middle.

This kind of misunderstanding can lead to wasted fees as well as wasted visits. The remedy for it is obvious: Let neither doctor assume anything. Let each have enough interest in the case to find out.

The patient has to be prepared, too, for the specialist's fee. And for meeting related costs also.

Take Ben Carruthers, for instance. He was told the internist would probably charge \$25. So he was braced for that. But on

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REFERRING A PATIENT?

the first of the month he got a bill reading (with that maddening mystery so many doctors like): "For professional services ... \$65 "

Carruthers hit the ceiling. He complained angrily to his family doctor. It then developed that the examination, as promised, had cost \$25; but since the patient gave evidence of a possible blood dyscrasia, eight laboratory tests had been needed.

Nobody Told Him

Five dollars is a modest fee per test. But five times eight equals forty. Someone should have warned him.

Mrs. Dengrove tells a similar story: A few days after she'd had her first baby, "An interne I'd never seen before wandered into the room. He played itchie-koo with the baby for a few minutes. Then he left."

Actually, the man was a board-certified pediatrician who had been called in by the OB man. He'd made a complete examination of the child.

But that wasn't the impression the mother got. From her observation, one of the internes had simply dropped in to while away a few spare moments. She

hadn't asked him to see the baby. And he didn't do anything anyway.

A Bill From a Stranger

So when the Dengroves later got a bill from a strange pediatrician, they frothed with indignation. They'd assumed that they would be billed by the hospital and the obstetrician, but not by this fellow. Who was he, anyhow? No one had even mentioned him to them.

Misunderstandings like this are all too common. They're byproducts of professional procedure that's second nature to the doctor but a confounded mystery to the patient. For example:

Some hospitals require a neurological consultation in every case of head injury, a gynecologic consultation before every curettage, and so on. As a result, many a patient is billed for a hospital consultation he never asked for and never even knew took place.

To the responsible family physician, the way around this problem is clear: He sees that the patient (or the appropriate member of the family) knows when a consultation is being requested.

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Clinically confirmed in over 2,500 documented case histories^{1,2}

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DOCUMENTED SAFETY

Deprol is unlike amine-oxidase inhibitors

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- ▶ no excessive elation; no liver toxicity

Deprol is unlike central nervous stimulants

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- ► no amphetamine-like jitteriness; no depression-producing aftereffects

Desage: Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 3 tablets q.i.d.

Alexander, L.: Chemotherapy of depression—Use of meprobamate combined with benactyzine (2-diethylaminoethyl benzilate) hydrochloride. J.A.M.A. 166:1019, Merch 1. 1956.
 Current personal communications; in the files of Wallace Laboratories.

Composition: Each tablet contains 400 mg. meprobamate and 1 mg. 2-diethylaminoothyl benzilate hydrochloride (benactyzine HCI).

Literature and samples on request

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REFERRING A PATIENT?

knows why the request is made, and knows who the consultant is.

Earlier editions of the A.M.A.'s Principles of Medical Ethics have a point here. According to that code, the family doctor or other primary physician has a duty to introduce the consultant to the patient; and the specialist, conversely, has a duty to stay away from the patient until this is done. That may sound a little quaint—but it is the way to prevent this kind of misunderstanding.

A patient can be made to feel victimized by poor preparation in other ways, too. For instance:

To Jean Emerson's delight, she was referred to the widely known Paul Jenkins, head of the famous Jenkins Clinical Group. Only she never got near Dr. Jenkins himself. He was basking, at the time, on a beach in the Bahamas.

Miss Emerson did all right, though, because she was seen by a younger and quite up-to-date associate physician. None the less, she was annoyed. No one had prepared her for the fact that being sent to the Jenkins Clinical Group didn't always mean a personal audience with the great man himself.

Quite evidently, then, the family physician who hopes to retain a patient's goodwill doesn't wash his hands of the case just because a consultant has been named. Instead, he tries to anticipate questions of cost and procedure—and to ready the patient for them.

Plain English

When I was an interne, I was not too well acquainted with the English language. One day a nurse asked me to see a postpartum patient who, she said, was complaining of engorged breasts. I went to the patient at once and, in what I thought was perfect English, said: "Mrs. Jones, I hear your breasts are gorgeous. May I please see them?"

-WALDO ALVAREZ, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N. J.

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MEDICAL ECONOMICS · FEBRUARY 16, 1959 211



212

XUM

Roger," said Dr. Walters to his 9-year-old son, "hop on your bike, go down to the store, and get me a pack of pipe-cleaners. Make it speedy. Here's a quarter—that'll cover it."

But it didn't. It was short by nearly \$15,000—the amount his small son's expedition eventually cost the doctor. This is what happened:

Roger skipped out to the garage and got his bike. Mounting it, he muttered, "Easy, Thunderheels," and pedaled slowly down the driveway by the high hedge. As he neared the sidewalk without having been detected by lurking redskins, Roger whispered hoarsely, "Let's travel, boy!" Standing up on the pedals, he gathered speed, cut closely around the hedge onto the sidewalk, and crashed full-tilt into a passer-by.

Roger got a skinned elbow. The man he hit suffered a fractured skull, lost four teeth, and was hospitalized three months. Dr. Walters paid \$15,000—to settle a suit asking \$50,000.

The doctor's attorney knew that defense was hopeless which came as a shock to his client. For Dr. Walters had always understood that parents are *not* generally accountable for the damage their children do.

In common law, that's true, all right. But there are three broad areas of exception. Here are the circumstances in which, some courts have ruled, you are liable for harm your kid does:

 You're liable if the child is in the course of doing something you've ordered or requested that, you could reasonably foresee, might cause damage.

If Roger Walters had been on his way to the movies, he'd have been acting strictly on his own, and his father would probably have been legally in the clear. If, after starting on the errand, Roger had parked his bike and thrown rocks through a window, Dr. Walters wouldn't necessarily have been responsible for that, either. Again, the lad could have been considered on his own.

 You're liable if the damage is done with a "dangerous instrumentality" you've provided the youngster with although you know he's too reckless to use it wisely.

Obvious examples are .22

rifles and hunting knives. The family automobile may also be legally deemed a "dangerous instrumentality." In many states, if you've given a child blanket permission to use the family car, you're responsible for negligent damage he may cause while driving, even though he's bent on his own pleasure.

 You may be held liable for your child's mischievous or vicious act if you're aware that such activity is habitual with him, yet you do nothing to prevent it.

For instance, suppose you know that your youngster has already beaten up several smaller children. If you make no effort to curb him, you'll probably be viewed as negligent if he ever commits another such offense.

In a Washington State case, a 7-year-old girl had struck a 5-year-old boy with a stick and blinded him in one eye. There was evidence that the 7-year-old had made a habit of such assaults and that although her parents knew about it, they hadn't taken steps to correct her. The injured boy's parents sued and collected large damages. Said the judge:

"[The defendants] were

bound to know [that their daughter's habit was liable to cause injury . . . No one could be so familiar with the habits of a child that age as the parent; and while the parent cannot be held to the degree of liability of one harboring a vicious dog after notice of its viciousness, or a wild animal, we think parents should be held responsible and liable for a dangerous habit of a child of which they have knowledge and take no steps to correct or restrain. It is that which constitutes the negligence on the part of the parent."

Similarly, if you were to stand by without trying to break up a fight your child provoked with another, you'd be to blame if the other child were really injured.

A Kansas man once saw it as a delightful prank when his two youngsters told him they and some classmates planned to duck their strict schoolteacher in a pond. With a chuckle, he warned them they might get into trouble; but he took no action to head off the project. The boys put their plan into effect, and the teacher was nearly drowned. When it came out that the father of two of the culprits had known about the scheme, he was ordered to

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pay heavy damages. Obviously, he should have foreseen the possibility of serious results. Yet he'd virtually encouraged his sons to carry out their murderous little prank.

The above circumstances, then, constitute the three general exceptions under common law to the rule that you aren't legally responsible for damage done by your children. But even aside from these exceptions, common law won't always save you. Here's why:

A good many states and cities now have local statutes making you liable for your children's damage to persons and property —no matter what.

What can you do to protect yourself from this ever-present

threat? Without some sort of protection, you could be wiped out financially by your child's thoughtless act.

The answer, of course, is insurance—comprehensive personal liability insurance. Besides protecting you from the results of Junior's rampages, it shields you against the consequences of being sued for damaging acts by any other family member living with you; or by your hired hands, your pets, or yourself. It's cheap, too. For an annual premium of about \$15 (it varies by states), you can buy a policy that pays judgments up to \$50,000, plus lawyers' and court costs.

If you haven't got such coverage (and Dr. Walters didn't) ...
Well, what's Junior up to right this minute?

andlelight preferred

One of my young women patients is still extremely modest, though she's a mother I've delivered twice. Recently she came in for a pelvic examination. I asked my nurse to prepare her, then left the room. When I returned, the patient seemed upset. I asked her what was wrong.

"Doctor," she said, blushing, "I've just noticed that your examining light is 100 watts. Does . . . does it have to be that bright?"

—ARTHUR M. PEDERSEN, M.D.

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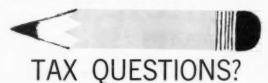
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Can You Answer These



They'll help you spot the deductions you have coming to you on your income tax return. The correct answers are on page 232

By Joseph F. McElligott

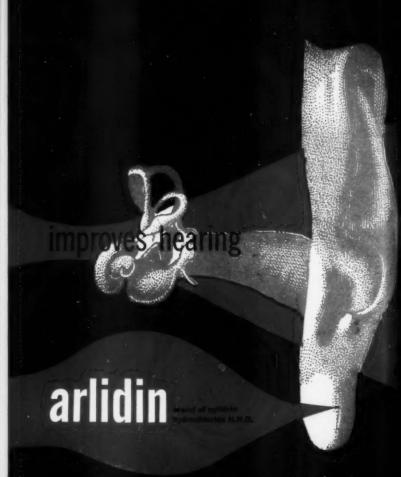
- 1. On April 1, 1958, you borrowed \$1,000 from a bank, intending to pay it back in a lump sum by April 1, 1959. Before giving you the money, the bank deducted \$60 interest and actually gave you \$940. On your Federal tax return you clearly have a \$60 interest deduction coming to you. But should you claim it . . .
 - (a) On your return for 1958; or
 - (b) On your 1959 return; or
 - (c) On both, taking half the amount in each year?

- 2. Last year you bought an overhead-expense insurance policy that paid your actual office expenses while you were disabled for a short period. On your tax return, should you...
 - (a) Deduct the premium as a business expense, but not report the insurance payments as income; or
 - (b) Deduct the premium and report as income only the part of your insurance recovery that exceeded the premium; or
 - (c) Deduct the premium and

THE AUTHOR is a tax and medical management consultant in New York City. He is a member of the Society of Professional Business Consultants.



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Arlidin produced "significant hearing improvement" in 32 of 75 patients with disturbances of the inner ear, and therapeutic success in over 50 per cent of cases. "No other vasodilator we have used has ever achieved more than a 25 per cent response.

Rubin and Anderson¹ attribute hearing impairment, disturbed balance, tinnitus and other symptoms of circulatory disorders of the inner ear to 'labyrinthine artery insufficiency.' They consider that the efficacy of Arlidin in this condition is due to its superior vasodilating effects.

1 Rubin W. and Anderson J. R. Angiology, Oct. 1958.

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Artidin is often effective where other vasodilators fail . . . in intermittent claudication of thromboangiitis and arteriosclerosis obliterans . . . also useful in night leg cramps, "cold" legs and hands, Raynaud's syndrome, ischemic ulcers.

Arlidin is available in 6 mg, scored tablets, and 5 mg, per cc. parenteral solution. See PDR for dosage and packaging.

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CAN YOU ANSWER THESE TAX QUESTIONS?

report the insurance payments as income?

- 3. During 1958 you paid three separate legal fees: to have a will drawn; to defend yourself against a malpractice suit; and to draw up papers to buy a new residence. On your tax return, should you deduct...
 - (a) All three fees; or
 - (b) The fee for the will and the malpractice defense fee provided you won; or
 - (c) Only the malpractice defense fee, whoever won?

- 4. Your retired father lives with you. Though you furnish more than half his support, you can't claim him as a dependent, since he has investment income of \$1,500. But last year you paid \$700 in medical expenses for him. In this case, can you . . .
 - (a) Include this \$700 in figuring a possible medical expense deduction on your return; or
 - (b) Include only that portion of his medical expenses that exceeds \$600; or



"He's a good doctor . . . but just a little too busy to see patients."

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TAX QUESTIONS

- (c) Include none of the \$700, since your father's income is over \$600?
- 5. Congress passed a new law on depreciation last year. In the year of purchase, you can now deduct 20 per cent of the cost of equipment, in addition to a depreciation allowance calculated by one of the standard methods. But there are limits to this new 20 per cent write-off. Is it limited to . . .
 - (a) The first \$10,000 spent

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224 MEDICAL ECONOMICS · FEBRUARY 16, 1959

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catheters are contagious

all things considered ...

"The catheter is probably the most common agent responsible for resistant urinary tract infections." 1

... there's a point to prophylaxis

"All instrumented patients, male or female, deserve prophylactic drugs to prevent iatrogenic urinary tract infections." 2

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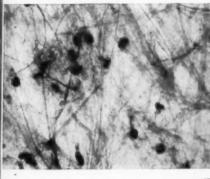
Aristogesic combines the *anti-inflammatory* effects of Aristocort Triamcinolone with the *analgesic* action of a most potent salicylate. This means that the dosage of each is *substantially lower* than that ordinarily required for each agent alone. With Aristogesic the physician has exceptionally wide latitude in adjusting the dosage to the lowest effective level.

The possibility of gastric distress from either salicylamide or corticosteroid is minimized because of lower dosage required. This is further reduced by the buffer action of aluminum hydroxide. And the ascorbic acid helps meet the increased need for this vitamin in stress conditions. Because of the low dosage, side effects with Aristogesic have been relatively infrequent and minor in nature. However, more serious side effects have traditionally been observed on all corticosteroid therapy. Patients on long-term Aristogesic therapy should, therefore, be observed carefully.

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plone for relief of chronic - but less severe pain of rheumatic origin



Indications: Mild cases of rheumatoid arthritis, tenosynovitis, synovitis, bursitis, mild spondylitis, myositis, fibrositis, neuritis and certain muscular strains.

Desage: Average initial dosage: 2 capsules 3 or 4 times daily. Maintenance dosage to be adjusted according to response.

Each Aristogesic Capsule contains:

Salicylamide 0.5 mg.
Salicylamide 325 mg.
Aluminum Hydroxide . . 75 mg.

Ascorbic Acid 20 mg. Supply: Bottles of 100.

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CAN YOU ANSWER THESE TAX QUESTIONS?

for new equipment and the first \$20,000 spent for second-hand equipment; or

(b) The first \$10,000 spent for any equipment by a doctor filing a single return, and the first \$20,000 spent by a doctor filing a joint return; or (c) The first \$10,000 spent last year and the first \$20,000 spent this year?

6. Under the new depreciation law referred to above, will the total amount you recover for depreciation be . . .

(a) More than under the old law: or

- (b) Less than under the old law; or
- (c) Exactly the same as under the old law?
- 7. Does this new tax break in the depreciation law apply only to equipment with a useful life of . . .
 - (a) At least six years; or
 - (b) At least three years; or
 - (c) At least ten years?
- 8. In figuring a medical expense deduction, a patient asks you which of the following he can include...
 - (a) The cost of bottled drinking water (because he believes



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IMPOTENCE



and/or pathology . . . without side effects . . . effective in men in IM-POTENCE, premature fatigue and aging.² GLUTEST for women in frigidity and fatigue.³ Lit. available.

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- Gould, W. L.: Impotence, M. Times 84:302 Mar. '56.
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- Personal Communications from 110 Physicians.
 Milhoan, A. W., Tri-State Med. Jour., Apr. '58.

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Through his monumental work on conditioned reflexes, and his sham-feeding experiments on dogs,

Ivan P. Pavlov

(1849-1936) established the relationship between central nervous system and stomach, showed that increased flow of gastric juice eventuates from vagal stimulation.

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suppresses vagal stimulation, provides relief of pain, spasm, anxiety and tension without belladonna or barbiturates. Side effects are minimal.

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Dosage: 1 tablet t.i.d. with meals and 2 tablets at bedtime.

Indications: duodenal and gastric ulcer . colitis spastic and irritable colon . gastric hypermotility . gastritis esophageal spasm . intestinal colic . functional diarrhea . G. I. symptoms of anxiety states.

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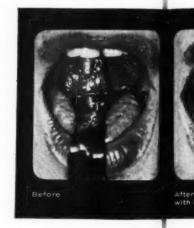
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New Bradosol L

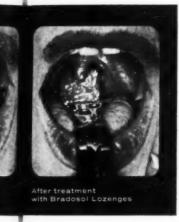
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Combats oral infections . . . soothes irritated tissues

Bradosol bromide is a new quaternary ammonium antiseptic of extremely low toxicity. Clinical trials have shown that Bradosol Lozenges are highly effective in the prevention and treatment of common mouth and throat infections and irritations. "Strep. throat," tonsillitis, pharyngitis, laryngitis, oral thrush—these are representative of the conditions in which clinicians report good to excellent results. And, since Bradosol Lozenges contain an effective topical anesthetic (benzocaine), patients report symptomatic relief within moments.

Not antibiotic . . . therefore, no antibiotic side effects

Stomatitis and glossitis—commonly reported with certain antibiotic lozenges—do not occur. Resistance to Bradosol is not to be expected, nor is sensitization a clinical problem. Moreover, Bradosol Lozenges act against most, if not all, of the common invaders of the oral cavity. Even fungi, such as thrushcausing Candida albicans, are susceptible to Bradosol.

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the fluoridated city water is dangerous);

- (b) The cost of eyeglasses and hearing aid;
- (c) The travel expense incurred in looking for a new place to live-expense incurred on your advice that he move for his health?
- 9. In making out your tax return for 1958, you discover that you overlooked a legitimate \$500 deduction on your return for 1957. Should you . . .
 - (a) Add \$500 to the deductions you claim on your 1958 return; or
 - (b) Figure the 1957 refund you're entitled to and deduct that amount from your 1958 tax: or
 - (c) File an amended 1957 return or a special refund request?

10. Last year a C.P.A. charged you \$75 for defending the accuracy of your tax return before the local revenue men. May you deduct this charge . . .

BUT

- (a) Only if you won your tax argument; or
- (b) Only if the C.P.A. was the same one who originally prepared the return; or
- (c) Regardless of who prepared the return and regardless of how the tax discussion came out?
- 11. To get a lower rate, you pay the fire insurance premium on your medical office building for three years in advance. Should you deduct . . .
 - (a) The entire payment the first year; or
 - (b) The entire payment the last year; or
 - (c) One-third each year?

The Correct Answers

1. (b) When you repay a note like this in a lump sum, you get the deduction when the note is actually paid. So if you pay it in 1959, you deduct the interest on your tax return for 1959. But if, instead of repaying, you renew

the note this April 1, you won't be able to claim the interest deduction until you file a return for the year in which you finally pay. (It's different if you have a monthly repayment loan. Then the law assumes-unless your



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1 1 Stopped-up PROMPT DECONGESTANT ACTION Rapidly relieves nasol congestion, while giving the patient a welcome "lift"... with Phenylephrine.

Allergic manifesta-COMBATS HISTAMINE-INDUCED tions

SYMPTOMS Balanced ratio of chemically distinct antihistamines results in full patency with marked freedom from side-actions... with Chlorpheniramine and Pyrilamine.

Headache, Fever, Sore Throat

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Potentiated effect of Salicylamide with acetophenetidin helps relieve depressing "aches and pains." Caffeine and ascorbic acid also provided.

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They want sheerness . . . but you're interested in support. There's only one way to get both!

What about the new stretch nylons that claim to be Support Hosiery—do they really work?

How can your patients be sure they're getting all the support you want them to have?



There was a time when you had trouble getting patients to wear elastic stockings because they weren't sheer enough

Fortunately, this is no longer a problem. Today elastic stockings are made so as to be almost undetectable.

But now there's another fly in the soup . . . and this one has to do with support.

Specifically: the new support hosiery made without rubber.

The blunt fact is, this so-called support hosiery just can't on treat do the complete job that stockings made with rubber do.

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UTLASTIC STOCKINGS

No substitute for rubber

n elastic stocking works by the elasticity of rubber (the way rubber band stretches and contracts . . . or a rubber ball unces).

In much the same way, the rubber in real elastic stockings ounces back" to give necessary support. Only rubber offers is continuing return-action.

But the new support stockings contain no rubber. Sure, ey stretch . . . but they keep right on stretching like the retch nylons they are.

The only true support

our patients can get the kind of support you want them to we only with the elastic kind of elastic stockings . . . made ith rubber.

So next time you prescribe "elastic stockings," explain the ifference that the rubber in real elastic stockings makes.

Bauer & Black, the world's largest maker, offers a comlete range of styles-for work, for informal living, or for ress-up occasions (as sheer as 51 gauge). And each is truly astic . . . with rubber in every supporting thread.

Prices start at \$6.90 a pair . . . and expert fitting is available all leading drug, department and surgical supply stores.



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Send me your new 32-page digest "Elastic Stocking Compression in the Therapy of Varicose Veins"-written by a doctor, for doctors.

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MEDICAL ECONOMICS · FEBRUARY 16, 1959 235

contract says otherwise—that your payments take care of the interest ahead of the principal. So in this case, all the interest is deducted on your return for 1958, the year you made the first payments.)

- 2. (c) Since the overhead-expense policy is business insurance, you both deduct the premium and report payments to you as income. But distinguish this kind of policy carefully from a standard health-and-accident contract that pays a fixed monthly income while you're disabled. This latter kind doesn't specify that its payments are for business expenses. It's personal insurance—like life insurance and so you neither deduct the premium nor report the payments as income.
- 3. (c) You deduct the malpractice defense fee whether you won or lost. The other two fees, for drawing up the will and for buying a home, are personal expenses; as such, they're not deductible.
- 4. (a) Strange but true, you can include the full amount. Here's the odd quirk in the law: You may include the medical payments you make for any person who would have qualified as

your dependent except that he earned more than \$600.

- 5. **(b)** The doctor filing a joint return could thus get an extra deduction of up to \$4,000 (20 per cent of \$20,000) in the first year he invests in equipment, whether new or second-hand.
- 6. (c) The new rule changes only the rate at which you can charge off certain-professional investments, and not the total amount you recover.
- 7. (a) If you buy equipment with a useful life of less than six years, forget about the new 20 per cent write-off. And remember that this new write-off doesn't apply to buildings, but only to equipment and furnishings.
- 8. (b) The patient's preference in table water and his hunt for a new place to live are not recognized as grounds for medical deductions. But under certain circumstances the cost of actually moving is deductible as a medical expense.
- (c) File either an amended 1957 return or Form 843, a refund request.
- 10. (c) Any such costs are legitimate business expenses.
- 11. (c) Prorate the cost over the three years.



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AND FOR RELIEF OF MODERATE TO SEVERE VISCERAL, NEURAL AND SOMATIC PAIN

DEMEROL® APAP

DOSAGE: Adult dose is 1 to 2 tablets orally, repeated if necessary every 3 or 4 hours.

Tablets containing Demerol hydrochloride 50 mg., acetyl-paminophenol 300 mg., bottles of 100.

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FOR PATIENTS DESERVING MORE THAN ROUTINE ATTENTION

Triple action of Demerol, APAP and dihydrocodeinone for:



more than routine

antitussive action

Cough suppressant action of dihydrocodeinone — at least six times as potent as codeine but essentially nonconstipating — enhanced by the broncho-spasmolytic effects of Demerol.



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Addition of Demerol
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more rapid and prolonged fever reduction than aspirin or APC without gastric irritation or hematologic changes.

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MEDICAL ECONOMICS · FEBRUARY 16, 1959 237

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Reason for
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The attractive Filibon jar remind your pregnant patient to take he prenatal supplement daily. You can be sure that the vitamins, mineral trace elements in this complete for mula will provide the everyda nutritional support you prescribe

And the patient feels better of FILIBON. Well tolerated ferrouf umarate and smaller, dry-fille capsules do not compound her prollems with nausea of pregnancy.

The up-to-the-minute formulation includes both vitamin K and AUTRINIC* Intrinsic Factor Concentrate, always enhancing B₁₂ serum levels.

For formula see PDR (Physicians Desk Reference) page 688.



Thoughts While Reading A Book on Abortions

When is an abortion justified? Faced with a variety of newly published facts and 'authoritative' opinions, this doctor asks some searching questions

BY CHARLES MILLER, M.D.

A few decades ago, an American woman who wanted a legal abortion had to satisfy the doctor she had a bad heart or tuberculosis, diabetes, or some other organic disease that might be aggravated by pregnancy. Today it's different, according to a book I've just been reading:

The fashionable ground for

therapeutic abortion is an emotional disorder. The theory, as I get it, is that an unwanted pregnancy makes a woman nervous and that nervousness is a disease that can be cured by emptying the uterus.

That's just one of the things I've learned from this new book, "Abortion in the United States." It's so full of information about current attitudes toward the subject that I think every doctor should read it. But "read" may be the wrong word. I've found myself brooding over it, chiefly because there's so little agree-

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THE AUTHOR calls himself "an old-fashioned family doctor." The book he discusses in this article ("Abortion in the United States," edited by Mary S. Calderone, M.D., and published by Hocher-Harper, New York. 1958) is an account of a symposium sponsored by the Planned Parenthood Federation of America and attended by a number of well-known obstetricians, psychiatrists, sociologists, and lawyers.

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BROADENS THE RANGE OF COUGH/COLD THERAPY

Effective antitussive ("Cothera") TO MODERATE THE COUGH PROMPTLY - SPECIFICALLY without sedation and respiratory depression

TO COUNTERACT HISTAMINE-INDUCED SYMPTOMS with full potency and virtually no sedation Systemic decongestant (I-phenylephrine HCl) TO RELIEVE SINUS AND NASAL BLOCKAGE by direct, sustained vasoconstricting effect

Newest antihistamine ("Theruhistin")

Analgesic-antipyretic (acetaminophen) TO RELIEVE PAIN, FEVER, AND HEADACHE through potent but selective central action

> Expectorants (ammonium chloride. sodium citrate and chloroform) TO SOOTHE IRRITATED MUCOSA AND PROMOTE EXPECTORATION by demulcent, liquefying, and counterirritant properties

IN PALATABLE SYRUP FORM

Each teaspoonful (5 cc.) contains:

Dimethoxanate HCl 25 mg.

Isothipendyl HCl 2 mg. ("Theruhistin")

I-Phenylephrine HCl . . .

Acetaminophen 100 mg.

Ammonium chloride 100 mg.

Sodium citrate..... 50 mg.

Chloroform 0.25%

Contains 10% alcohol

Usual dosage: Adults -1 to 2 teaspoonfuls (5 to 10 cc.). Children (2 to 8 years) -% to 1 teaspoonful. Three or four times daily.

Supplied: No. 936 - Bottles of 16 fluidounces and 1 gallon.

Scientively—preserves the useful function of the cough reflex. Safely—non-narcotic. No toxicity reported. Swiftly—acts within minutes....lasts for hours. Surely - preferred to dihydrocodeinone by 12 out of 15 patients.

Supplied: No. 934-25 mg. per 5 cc. (tsp.), bottles of 16 fluidounces and 1 gallon.

Klein, B.: Antibiotic Med. 5.462 (July) 1958.

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New York 16, N.Y. · Montreal, Canada

ment among the many authorities whom the book quotes.

Some doctors feel that our abortion laws are much too strict. Others deplore the modern tendency to accept economic, social, and moral indications for abortion and to mask them as psychiatric indications. As I read along, I couldn't help feeling like an M.D. in the middle, squeezed uncomfortably between opposing factions. I wonder how you react to the following statement, for example:

Defendant's Obligation

"The performance of an abortion to avoid disgrace, poverty and illegitimacy is an offense to our moral code, and it seems fair, therefore, to put the defendant to the burden of proving that he did the abortion in good faith."

Surprisingly enough, those are the words of a well-known liberal lawyer, Thurman Arnold. I've asked my own lawyer what this talk about "put the defendant to the burden" really means. His answer:

In an ordinary criminal procedure, the defendant's innocence is presumed and the state must prove guilt. But according

to Arnold (a man who's ordinarily eager to protect citizens' rights), bad faith must be taken for granted in abortion cases. So a doctor who does an abortion must prove his own innocence rather than challenge the state to prove his guilt.

I'm glad the states haven't adopted Thurman Arnold's recommendation. I'd hate to be in a situation where my guilt was presumed.

When are you justified in doing an abortion? In a few jurisdictions, it's apparently legal if necessary to protect the mother's health. But in most states, according to the book, it can be done only to save her life.

Brooding about such laws, I suddenly remember a multiplesclerosis victim who was pregnant with her fifth child. During each pregnancy, her multiple sclerosis got worse. So this time our neurologist recommended an abortion. But the hospital refused to permit it. In our state, an abortion is legal only if necessary to protect the mother's life-and the neurologist and the gynecologist agreed that the multiple sclerosis wasn't hastening this woman's death.

What if it could be shown that

ANEMIA? how you can have on-the-spot, laboratory-accurate hemoglobin determinations to confirm your clinical diagnosis...and check the effectiveness of progressive treatments.



AO Hb METER! You or your nurse can make hemoglobin determinations in less time than it takes to make an oral temperature reading. Pocket size...use it at hospital, office or bedside. Used by doctors over four million times last year. Ask your Surgical Supply dealer for a demonstration or write:

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THOUGHTS ABOUT A BOOK ON ABORTIONS

the pregnancy would aggravate the disease so that the woman would have to spend her life in a wheel chair? Even so, said the hospital's attorney, no dice!

And what about the legal justification for an abortion when the offspring itself might be grossly deformed? Again, no dice. If a pregnant woman has German measles, there's a 20 per cent chance that her baby

will have serious anomalies. But German measles threatens neither the life nor the health of the mother, only that of her child. So an abortion in such a situation is illegal even in the states that sanction the operation if it's necessary to protect a woman's health.

Strange, isn't it? If he can do the job safely, a physician may legally alter a physiological pro-



"I hope my Blue Cross includes you, Doll!"

244 MEDICAL ECONOMICS · FEBRUARY 16, 1959

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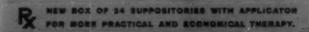
in vaginitis

TRICOFURON°

destroys all 3 principal pathogens

Whether vaginitis is caused by Trichomonas, Monilia or Hemophilus vaginalis—alone or combined—TRICOFURON IMPROVED swiftly relieves symptoms and malodor, and achieves a truly high percentage of cultural cures, frequently in 1 menstrual cycle. TRICOFURON IMPROVED provides: a new specific moniliacide MICOFUR® brand of nituraxime, the established specific trichomonacide FUROXONE® brand of furaxolidone and the combined actions of both against Hemophilus vaginalis.

1. Office insufflation once weekly of the Powder (MICOFUR [anti-5-nitro-2-furaldoxime] 0.5% and FUROXONE 0.1% in an acidic water-soluble powder base). 2. Continued home use twice daily, with the Suppositories (MICOFUR 0.375% and FUROXONE 0.25% in a water-miscible base).



NITROFURANS - a new class of antimicrobials—neither antibiotics nor sulfonamides. e, NEW YORK

MEDICAL ECONOMICS · FEBRUARY 16, 1959 245

But neithe . So n is that necin's

do nay rocess to prevent a one-in-five chance of serious defect, in any other branch of medicine except this. But he may not do an abortion for such a reason-not even, say, on a 14-year-old girl who has been raped by a mentally defective criminal or by her own father.

I guess this country's lawmakers know their business. But this seems like a harsh gospel to a doctor who's primarily concerned with the welfare of his patients.

Problem Is Complex

No doubt about one thing, though: There are no simple "right" or "wrong" answers to the abortion question. On another aspect of it, for example, I find myself on the side of the conservatives rather than of the liberals:

Is heart disease an indication for an abortion? Some of the doctors quoted in "Abortion in the United States" feel that it is. I disagree.

I can think of any number of my cardiac patients who have been desperately eager to have children-and who have come through their pregnancies with flying colors. If I'd been frightened, a quarter of a century ago, into letting every heart disease act as an indication for abortion. a number of fine men and women in my town would have been murdered in utero.

Doctors vs. Lawyers

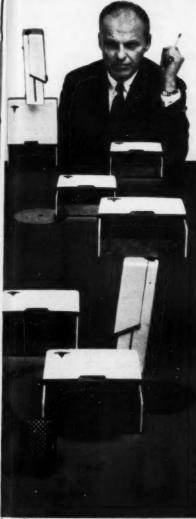
But let's return to the observation I made at the beginning: that emotional disorder now seems to be the most fashionable ground for therapeutic abortion. Here's an area where the lawyers and psychiatrists really have a free-for-all.

Many psychiatrists argue, for example, that if a woman threatens suicide unless she's aborted. an abortion is needed to save her life. The lawyers reply that this isn't what the law contemplates as "life-threatening." They point out that if we're allowed to abort a woman because she says she'll kill herself, anybody can get an abortion just by screaming loudly enough.

I'm with the lawyers on this one. Maybe the psychiatrists know when suicide threats can be taken seriously and when not. but I doubt it.

In thinking back over my years as a doctor, I can't remember a single suicide in a pregnant

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Gordon Florian, design consultant on the Gray Key-Noter

Now-talk your medical records as you practice on the striking new Key-Noter Gray Audograph. This tiny Advanced Design instrument frees you from paperwork by recording case histories, prognoses, etc., as you examine, as you treat-even as you travel from call to call. Smaller, lighter, easiest of all to use, the Key-Noter is the only dictating machine especially designed for the busy doctor. Not just a tape recorder, but a full-fledged, full-fidelity, fully transistorized dictating instrument that doubles as a transcriber . . . and costs up to \$125 less than the other three leading makes. Get all the facts. Mail coupon now.

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THOUGHTS ABOUT A BOOK ON ABORTIONS

woman, no matter how depressed or nervous she was. Neither can any of the G.P. or OB colleagues to whom I've put the question.

Still, a psychiatrist I know said this to me the other day: "The trouble with you, Miller, is that you're disease-oriented, whereas we psychiatrists are situation-oriented. We see more than just the medical status of the woman; we see the total social situation. If there's a chance

that a given birth—whether of a potentially defective baby or of a tragically unwelcome baby—will mean an emotional strain on the parents and a drain on society, we think it best for the baby not to be born."

Why Must M.D.s Decide?

Perhaps I should applaud my friend's well-meant concern for the future burden on society. But I'm not sure this is a matter for physicians. We doctors can't shoulder all problems, social as well as medical. It seems to me that we have plenty to keep us busy in medicine alone.

Some of us apparently try to duck the abortion problem whenever we can. Still, the problem of indications for therapeutic abortion, complex as it is, is far less difficult than the problem of dealing with illegal abortion. The book reveals that there are probably about 1,000,000 abortions a year in the U.S.—90 per cent of them criminal.

One interesting chapter in the book of a first-hand report from a Maryland doctor identified as "a competent abortionist who has fallen into disagreement with the law." This doctor claims to have served 353 physicians,



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Ethoheptazine Citrate with Acetylsalicylic Acid, Wyeth

for everyday pain control . . .

for your many patients requiring potent analgesia but not an injected narcotic

Proved by extensive evaluation1,2,3 in 1998 patients in diverse areas of medicine and surgery, including: arthritis, bursitis, early metastatic carcinoma, fibrositis, grippe, herpes zoster, ligamental strain, low back pain, menstrual pain, myalgia, myositis, neuritis, pleurisy, postoperative pain, postpartum pain, sciatica, trauma, dental pain

- exclusive Wyeth non-narcotic analgesic plus anti-inflammatory action
- prompt, potent action—as potent as codeine
- documented effectiveness and safety^{1,2,3}

Supplied: Tablets, bottles of 48. Each tablet contains 75 mg. of ethoheptazine citrate and 325 mg. (5 grains) of acetylsalicylic acid.



 Cass, L.J., et al.: J.A.M.A. 166:1829 (April 12) 1958.
 Batterman, R.C., et al.: Am. J.M. Sc. 234:413 (Oct.) 1957.
 Medical Department, Wyeth: Final Report on the Clinical Evaluation of Zactirin,



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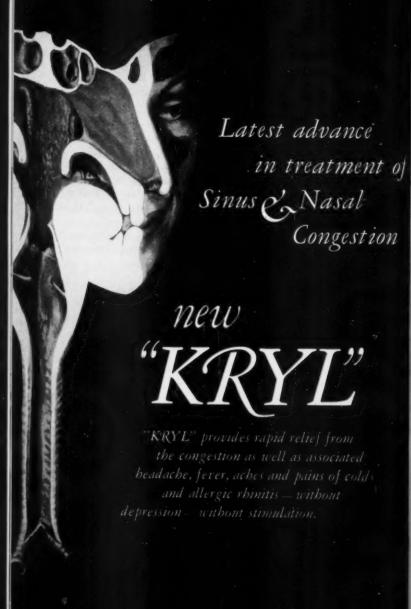
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PATTERN IN SINUS AND NASAL DECONGESTION

ANTIHISTAMINE ACTION WITHOUT SEDATION

SYSTEMIC DECONGESTION WITHOUT SIDE EFFECTS

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ANALGESIC-ANTIPYRETIC ACTION WITHOUT DRUG STIMULATION

ANTI-STRESS VITAMIN TO MAINTAIN TISSUE INTEGRITY "THERUHISTIN"— Newest type of antihistamine for control of excessive nasal secretion and congestion—highly potent (92 per cent effective)¹ yet unusually free from side effects—less than one per cent incidence of drowniness.¹⁻³

I-Phenylephrine — Unusually long-acting oral vasoconstrictor⁴ relieves nasal blockage, promotes better drainage — without local pathologic changes reported with topical agents. Relieves bronchial spasm.

Aspirin and Phenacetin — Analgesicantipyretic synergists, to relieve fever, aches and pains. Freedom from antihistamine drowsiness obviates need for drug stimulants.

Ascorbic Acid — High levels of vitamin C aid in preventing nasal edema due to impaired vascular and mucous membrane integrity, 5 and replenish adrenal ascorbic acid reserves. 6

"KRYL"

for symptomatic relief of colds, hay fever, and sinus congestion

DOSAGE: Adults, 2 tablets initially. Thereafter, and until symptoms disappear, 1 tablet every four hours. Children (6 to 12), half the adult dose.

SUPPLIED: Bottles of 100 and 1,000 tablets.

Ayerst Laboratories, ago



REFERENCES: 1. New and Unused Therapeutics Committee, Am. Coll. Allergists: Ann. Allergy 16:237 (May-June) 1978. 2. Spielman, A. D.: Ann. Allergy 16:242 (May-June) 1958. 3. Spielman, A. D.: New York J. Med. 57:3329 (Oct. 15) 1957. 4. Hunnicutt, L. G.: Bull. Vancouver M. A. 28:348 (July) 1952. 5. Hunnicutt, L. G.: Bull. Vancouver M. A. 28:352 (July) 1952. 6. Pirani, C. L.: Metabolism 1:197 (May) 1952.

New York 16, N.Y. . Montreal, Canada

doing some 5,100 abortions on their recommendation. But he says that when he was in trouble, none of the 353 would come forth to testify that they'd referred the cases to him and that in their opinion the abortions were medically justified.

If you're unwilling to risk doing the job yourself, aren't you morally and legally wrong in sending a woman to an abortionist? It seems so to me, as it does to many of the doctors quoted in the book. Because I always refuse to recommend an abortionist, I've lost the patronage of a number of good families. But I don't regret it.

I think, however, that I would regret doing an abortion myself on purely psychiatric grounds. As I've said, that sort of thing is the most common ground for therapeutic abortion today. And in some instances, the operation is apparently done as part of a startling package deal. This was news to me when I read it in the book.

How Package Deals Work

There are reputable obstetricians who'll do an abortion on emotional grounds—but only if they're permitted to do a sterilizing operation at the same time. The reason given is that if the pregnancy is medically dangerous, then the woman certainly shouldn't be allowed to become pregnant again.

No Second Chance

This could produce a rather peculiar situation. Suppose you have a young couple struggling along financially at the beginning of their careers. The woman accidentally becomes pregnant. They feel that a child at this time would create enormous problems. So she goes to an ethical OB man who finally agrees to abort her, but insists on sterilizing her too. A few years later, they're psychologically ready for a baby. Now it's too late.

That woman would be better off if she'd gone to a criminal abortionist!

The Scandinavians have much simpler laws. In Norway, one of the legally justifiable reasons for doing an abortion is simply that the mother is a "worn-out housewife." I know a lot of American women who'd fit that description. As a law-abiding doctor, I sometimes pity them when they become pregnant. But I find it best not to let them know I do.

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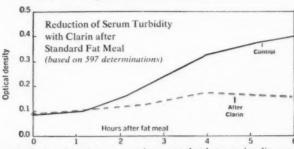
Clarin

(sublingual

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clears lipemic serum



Each time your patients eat a substantial fat-containing meal, lipemia results. Small amounts of injected heparin will help control this increased fat content in the blood, 1.2 but widespread adoption of this method has been hampered by its inconvenience, pain, cost and the necessity for periodic checks on blood clotting time.

Now, long-term preventive heparin therapy is practical for the first time with the introduction of CLARIN—which is heparin in sublingual form. Each CLARIN tablet contains 1500 I. U. of heparin potassium—a sufficient amount to clear lipemic serum without affecting coagulation mechanisms.^{3,4}

With one mint-flavored CLARIN tablet under the tongue after each meal, lipemia is regularly controlled, removing a constant source of danger to the atherosclerotic patient. He may eat safely, with less fear of dangerous results, without hard-to-follow diets.

The varied implications of CLARIN in beneficially affecting fat metabolism are obviously far-reaching. The relationship between heparin, lipid metabolism and atherosclerosis may well be analogous to that between insulin, carbohydrate metabolism and diabetes mellitus.⁵

Use CLARIN to protect your atheroscierotic patients – the postcoronaries and those with early signs of coronary artery disease.

- Indication: For the management of hyperlipemia associated with atherosclerosis.
- Dosage: After each meal, hold one tablet under the tongue until dissolved.
- Supplied: In bottles of 50 pink, sublingual tablets, each containing 1500 I. U. heparin potassium.

Council on Drugs, J.A.M.A. 166:52 (Jan. 4)
 1958. 2. Hahn, P. F.: Science 98:19 (July 2)
 1943. 3. Fuller, H. L.: Angiology 9:311 (Oct.)
 1958. 4. Rubio, F. A., Jr.: Personal communication.
 5. Engelberg, H., et al.: Circulation 13:489 (April) 1956.

*Trade Mark. Patent applied for.

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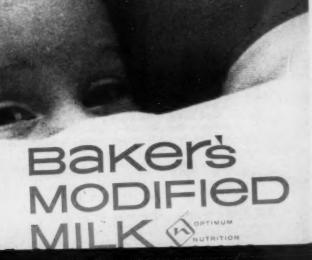
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plus Grads A milk and complete butterfat replacement

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Gone are the days when, because of impending bronchospasm, the asthmatic need curtail normal activities. Now, in the pocket-size, easy-to-use Aerohalor, Norisodrine assures rapid relief for asthma—wherever the patient might go.

A breath or two draws the Norisodrine Sulfate Powder particles directly to the mucous membranes of the respiratory passages. Quicker than it takes to tell, bronchospasm is aborted. And, with proper dosage adjustment, there's little risk of side effects.

With some Aerohalors and Norisodrine on hand, you can demonstrate this simple inhalation technique to your next asthma patient. (He'll be more than grateful to you for helping him enjoy life more.)

ar



BY JOHN E. EICHENLAUB, M.D.

Usually it's easy to spot the overanxious patient. But sometimes it isn't. Some patients show no immediate anxiety, then surprise you later with their troublesome behavior. These are the patients we often speak of as "difficult."

What makes them difficult? My personal experiences and those of my doctor-friends point to this answer: Such patients are often suffering from hidden fear. To treat them effectively, you need

How To Get Along With Difficult Patients

They're usually suffering from hidden fear, says this doctor. When you recognize it and root it out, they're easier to handle

to recognize and then remove the reasons for that fear.

Fortunately, the behavior of such patients tends to fall intothree patterns. By being alert to these patterns, you can take prompt action at an early stage. Then treatment will go much more easily.

Here's what to look for:

The uncooperative patient.
 This type seemingly just doesn't give a damn. He may fail to take

prescribed medication, ignore the regimen you set for him, skip his follow-up appointments. He fights fear by pretending that nothing's wrong.

I first became aware of this behavior pattern in the case of a patient I'd referred to Surgeon Kelvin Knapp. A month after the referral, Knapp phoned me.

"Your man with the Baker's cyst just canceled his surgery for the third time," he said. "I'd say he's scared to death of the operation. Why don't you ask him in for a talk? You know him better than I do."

Why He Was Afraid

When I talked to the patient, I discovered that one of his relatives had recently died from complications following surgery for a prepatellar bursitis. Of course he knew this didn't happen all the time, but . . .

For fifteen minutes I explained the nature of his cyst in the simplest language I could think of. I sketched a diagram. I answered his questions. The next week, he kept his appointment and had his operation.

2. The overly cooperative patient. This type combats his hidden fear by doing more than the doctor ordered. He usually agrees with everything you tell him, sets out promptly to follow the regimen you've set—then overdoes it.

The Eager Diabetic

Internist Harry Sobel recently told me about a diabetic he was treating. On his fourth visit, the patient complained that he was getting two or three positive reactions a day on his urine tests.

"Two or three positives!" exclaimed Dr. Sobel. "Out of how many tests?"

"Twelve," said the patient proudly.

A few minutes of conversation supplied the answer. Dr. Sobel had told the man he should run a test after each meal. If the tests showed positive, he should decrease the quantity of his food intake by eating more often-"splitting his meals."

A Question of Semantics

In his anxiety, the patient had interpreted "positive" to mean any trace of sugar whatsoever. Following this interpretation, he'd "split his meals." He was now eating six per day. And he was running two tests after each meal, "just to be sure." More

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When it comes to colds and coughs,

surgeons are just like their patients
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1.. O. Randall and J. Selitto, J. Am. Pharm. Assn. (Sc. Ed.), 47:313, 1958. Romilar Hydrobromide brand of dextromethorphan hydrobromide



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DIFFICULT PATIENTS

Actually, the man's records showed he'd had a one-plus result only once. Dr. Sobel used this finding to reassure the patient. Then he spent some time explaining again in detail the nature of diabetes.

"The patient took at least part of my reassurance to heart," Dr. Sobel told me. "He continued to follow instructions carefully, but he didn't try to improve on them!"

In some cases, the overly co-

operative patient shows his fear by unexpectedly demanding consultation. Dr. Harvey Peterson tells of an elderly Mrs. Lewis whom he'd been treating for simple spinal arthritis. The arthritis had responded so well that he told her she could stop her weekly visits. Instead of being pleased, she became extremely agitated.

"I think I should see a specialist!" she said.

"If you prefer," he replied in



"It's a new tranquilizer called 'Tohellwithit,' "

ARMOU

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AN EXPRESSION OF CONFIDENCE in your therapeutic ability may be expected when you prescribe Pyribenzamine Expectorant for cough in children. A combination of 3 active agents, Pyribenzamine Expectorant with Ephedrine relieves congestion, makes breathing easier, promotes productive expectoration. And the cherry flavor is usually quite acceptable to pediatric tastes.

DOSAGE: 1/2 to 1 teaspoon every 3 or 4 hours.

SUPPLIED: Expectorant with Ephedrine, containing 30 mg. Pyribenzamine citrate 10 mg. ephedrine sulfate and 80 mg, ammonium chloride per 4-ml, teaspoon.

ALSO AVAILABLE: Pyribenzamine Expectorant with Codeine and Ephedrine, same formula plus 8 mg. codeine phosphate (exempt narcotic).

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cons anx Pete told the repe had thri her. forg surprise. "But your arthritis is completely under control."

"But I won't get over it, will I? And some day I'll be so crippled that I won't be able to move!"

Seeing that her demand for consultation stemmed from an anxiety he hadn't suspected, Dr. Peterson went to work on it. He told her, conversationally, about the many kinds of arthritis. He repeated several times that she had simple wear-and-tear arthritis that would never cripple her. Thus reassured, Mrs. Lewis forgot about the consultation.

3. The overly demanding pa-

tient. Women in particular are prone to this type of behavior. As housewives, many of them find it possible to phone the doctor for reassurance at odd hours. Sometimes their hidden fears are fairly easy to spot. At other times it takes considerable ingenuity to uncover them. For example:

A Mrs. Brooks had made three unscheduled office calls on Dr. Charles Welborn within a week. When she showed up for the fourth time, he kept her waiting while he reviewed her case.

He was treating her for varicose ulcer. He'd first sent her to

she's been

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Department ME-259B 471 Valley Blvd. Los Angeles 32, California Desiccate those unsightly, possibly dangerous skin growths with the ever-ready, quick and simple to use Hyfrecator, More than 150,000 instruments in daily use.

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a surgical consultant who'd recommended a paste boot. Then he'd applied the first boot and had instructed her to come back the following week.

A day later, she'd come in because her toes ached. The second day, her hip ached. The third day, she ached all over. And during each visit she'd talked about her ulcer as a "sore that just won't heal."

This language struck a response in Dr. Welborn's mind. It was the "popular-magazine-article" description of cancer. "And," he thought, "if she believes she has cancer, she may also believe that the surgeon didn't operate because he considered her case hopeless."

Dr. Welborn immediately questioned Mrs. Brooks about these specific points. She responded by bursting into tears

Carcinophobia Gone

"All she needed," he relates, "was my specific assurance that she didn't have cancer and didn't need an operation. After our talk, her unusual aches soon disappeared. She continued to come in for treatment, but only as scheduled."

There you have "the difficult patient" in three common manifestations. If he's uncooperative overly cooperative, or overly demanding, he's probably harboring a serious misconception which only you can correct. By so doing, you'll take him out of the "difficult" category. Then handling him should be a breeze. END

low me!

I'm a junior in medical school, and recently a bunch of us were making rounds with the house staff for the first time. Stopping to examine a patient, the ward chief asked: "Does anyone have a light?"

There was a prompt and solicitous reply: "Yes, sir, right here." The examiner turned to find a student helpfully holding a blazing match. -RAYMOND L. SPHAR JR.

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Safety; "Continued medication for as long as a month was unaccompanied by Caution any undesirable reactions." The incidence of side effects to date-nausea, vomit cluding ing and headache-was found to be less than 2 per cent. And as a rule, when side effects did occur, they were reassuringly mild.

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ed by Caution: The usual precautions in sulfonamide therapy should be observed, inomit. cluding maintenance of adequate fluid intake. If toxic reactions or blood dyscrasias n side occur, use of the drug should be discontinued. As is true of all sulfonamides, Madribon is probably contraindicated in premature infants.



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The Nest Egg You Need Continued from 92

A safer amount would be \$200,-000 or a bit more. Again, I also assume you'll leave a home and car.

Let's take a closer look at the first eventuality. Suppose you die tomorrow, leaving a \$175,-000 estate for your 42-year-old wife and two teen-age children. Of that amount, some \$25,000 will go for estate taxes and the costs of administering your estate over the years.

So your wife will actually have only \$150,000, plus her home and car. If she invests such a sum wisely, she'll be able to send the two children to college. And she'll be able to pay all her bills for the rest of her life—say, thirty years. Her annual income from investments made after deducting a total of \$12,000-\$18,000 for the children's education: \$6,000 or so.

A Woman Exaggerates

Not enough? Don't believe it! One physician's wife recently told me that she and her child couldn't possibly live on anything less than \$25,000 a year, if her husband died. Other women might set similarly high limits. But such demands are *not* realistic.

Your wife wouldn't live lavishly on the amount I've cited. She wouldn't live in the style to which she's probably accustomed. But she'd live in reasonable comfort.

Money Isn't Everything

Even so, you may feel you'd like to leave her better off than that. Fine. I'm not suggesting that you should stop saving or investing as soon as you've socked away \$175,000. There's nothing wrong with leaving a larger estate—just as long as:

¶ You don't have to work six and one-half days a week to do it.

¶ Your wife doesn't have a resigned, lonely look.

¶ Your children get plenty of chance to be with you.

¶ You're not so busy paying insurance premiums that you think you can't afford an occasional carefree vacation.

¶ You can find time for seeing friends, reading books, and taking in movies or ball games.

In other words, \$175,000 will do an adequate job of providing for your wife and two teen-age children. If you can put away Th

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NUPERCAINAL relieves intense itching, burning and pain during nonsurgical treatment of hemorrhoids. Used postoperatively, it promotes lasting comfort. Also useful for routine office instrumentation, cuts, minor bruises, sunburn and whenever a topical anesthetic is indicated. Does not contain narcotics to mask serious rectal disease.

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Miltown therapy resulted in complete relief from start to symptoms in 88 % of pregnant women complaining of carry dent in insomnia, anxiety, and emotional upsets.* iving e

Miltown (usual dosage: 400 mg. q.i.d.) relieves both mental and muscular tension, and alleviates somatic symptoms of anxiety and fear. Miltown can be used with safety throughout pregnancy."

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more, good. But it's not absolutely necessary. And it's not worth the effort if it takes the joy out of living.

DISABILITY: You don't want to have to dip deeply into your resources at the age of, say, 49. But you might have to unless you carry two kinds of protection against the high costs of long-term disability: health and accident insurance, and overhead-expense insurance. If you suffer a long-term disability, the first will pay your personal living expenses; the second will pay your office expenses.

How much of each kind of insurance should you have?

Cut Out the Fat!

Tot up your living expenses for the past year. Then pare them honestly—not to the bone, but to a point where it might from start to hurt. Make sure you got carry enough health and accident insurance to cover your living expenses up to that point.

As for overhead-expense insurance, a policy that will pay the doctor \$750-\$1,000 a month for one year should be enough

Finally, you should have one other kind of protection: major

medical expense insurance. I recommend that you buy as much as you can afford without strapping yourself. You may never need it, but one of your family may. I know one older doctor who'll have to pay \$300 a week to have his bedridden wife taken care of for the rest of her life.

Young at Heart?

RETIREMENT: Now let's assume you won't die young and won't suffer a serious disability. You'll live to be 65. And meanwhile you'll have had enough fun and time off to keep your whole family on an even keel.

At 65, you may not have all that \$175,000 or more left. You may have used some of it to pay for your children's education. Perhaps you've dropped a sizable amount of term insurance. Let's say you're then worth \$100,000.

Will this be enough to tide you over your autumn years? Yes—actually more than enough, if you're in good health. One reason: You're not going to spend all your time basking in the sun. You're probably going to do some work.

Like Dr. Lovett, you may think you'll want to retire com-

pletely at 65. But it's a good bet you won't. At least one study shows that only one doctor in seven does. My own experience leads me to believe the percentage may be far smaller.

You may well want to cut down your practice load and take much longer vacations. That's only reasonable. But you aren't likely to quit working entirely. Instead, you'll probably substitute what I call voluntary practice for enforced practice. And you'll still earn money.

To prove my point, I'll cite four cases. All of them are typical for the doctors I've known who are over 65 and still in good health:

He Wouldn't Quit

Dr. A is a G.P. who had a relatively small practice. His children are grown. At 62 he was able to meet his and his wife's modest needs on an annual net income of \$8,300. Instead of retiring, he took a hospital position overseeing a teaching program for residents and internes.

He works limited hours, takes vacations pretty much as he needs them. Last year, when he was 68, the hospital paid him \$9,000. He got another \$800 for

treating a few patients on his own. So he's still adding to his savings instead of using them up.

Dr. B is also a G.P. When he turned 65, he was in partnership practice, dividing income on 50-50 basis. At 64, this division gave him \$17,000. But when he cut down, the partnership didn't. It continued to grow.

At 66, he got a smaller percentage (40 per cent) but more money (\$19,000). Last year, a 69, he worked only half-time and got 25 per cent-or \$14,600. For n

\$7,300 in Six Weeks

Dr. C is a 68-year-old surgeon, also in partnership prac tice. He works even less than Dr. B does. When not on vacation, he comes into his office a couple of hours each day, opens his mail, occasionally looks in or one of his partner's patients. The only times he really practices medicine are the six weeks each year when his partner is on vacation or attending medical con-tarrheas ventions. Last year, he got 10 per cent of the partnership's tose other profit: \$7,300.

Dr. D is a pathologist. At 62 he served two hospitals and had a private practice to boot. He wanted to cut down. I suggested

272 MEDICAL ECONOMICS · FEBRUARY 16, 1959

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40 AVAILABLE DONNAGEL, the original formula for when the antibiotic component is not indicated siles of 6 ft. oz. Each 30 cc (1 ft. oz.) of the comprehensive formula of DONNAGEL WITH NEOMYCIN contains:

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Equal to manyon type, 210	mg.
Koolin (90 gr.)	60 Gm
Pestin (2 gr.)	142.8 mg
Dihydraxyaluminum aminoacetate	0.25 Gm
Hyaccyamine sulfate	0.1037 mg
Atropine sulfate	0.0194 mg
Hyassine hydrobromide	0.0065 mg
Phenobarbital (* : gr.)	16.2 mg.

THE NEST EGG YOU NEED

that he choose which of his three medical jobs he liked best. He picked one of the hospital posts and transferred his other duties to another man.

The hospital pays him \$11,-400 yearly for morning work only. This income enables him to leave his \$200,000 in cash, stocks, and insurance untouched.

What I'm driving at can best be summed up this way:

At age 65 or 68 or 71, you'll probably still be earning enough, or nearly enough, to live comfortably. It'll undoubtedly be less than you will have earned in your

best years. But you'll need less. Your income tax exemption will double at 65. Your life insurance will be paid up or almost paid up. Your living expenses will be down.

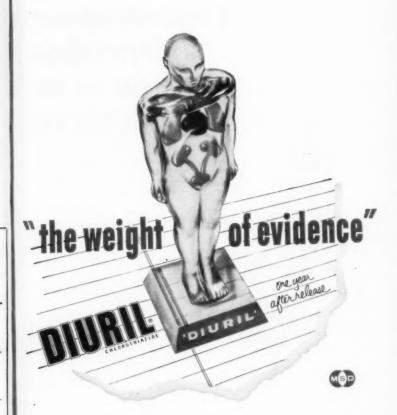
So don't think you've got to bury yourself in a mountain of money. You won't need it. Neither will your wife and kids. What both you and they need is time together—time to live a bit more like all the leisure-ridden Americans you've been reading about.

Life begins at 40, Doctor, not at 65.

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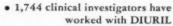


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consistently high record of safety and efficacy in dema

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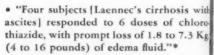
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taught how to do a better job. But you don't do all you could to help them along.

That's why so many aides resist new systems of office procedure. They instinctively know they're not going to be thoroughly taught how to apply them. I've found that too many of the girls have to pick up most of their skills—except nursing, perhaps -as they go along.

Jills of All Trades

I'm perpetually amazed at the number of \$50-a-week aides who are left to handle and account for \$50,000 a year without proper instructions. They do the job with virtually no supervisionand with total honesty!

In addition, they do a creditable job of typing letters crammed with medical terms. (They usually do it with no help beyond that of the medical dictionary you bought for \$3.95.) What's more, most of them handle your patients with superlative tact.

Aren't you amazed at such versatility on the part of your Girl Friday?

If you are, you can show your satisfaction in some specific ways. The girls I've talked to are pretty much in agreement on the things they want most from you.

Their Five Fond Wishes

1. More adequate pay. Almost any competent girl can earn more in a business or industrial firm than in a doctor's office. If you're a typical physician-employer, you pay your aide no more than about \$65 a week. Maybe you can't compete with indicated, the going commercial salaries in the table your community. But remember of total co this, Doctor:

For the married aide with no recommen exemptions (because her husband gets them on his return), \$250 a month paid semimonthly can work out to less than \$100 of take-home pay per payday. When you subtract the cost of coming to work, of buying the midday sandwich, and of other essentials, the net return per hour is pretty low.

A Few 'Extras' :

2. More fringe benefits. In most types of commercial and industrial employment, there are production bonuses; profit-shar-

Totals supplied Branch Years (58 Percentag by Basic I

Research Coronl In Cereal Is Watt, B Agricult are you interested in a moderate low-fat well-balanced breakfast?

When a moderate reduction of fat in the diet is with indicated, a basic cereal and milk breakfast shown as in the table below is worth consideration. Not only, as the fat content moderate (10.9 gm.—20 per cent other of total calories), but this convenient, economical

breakfast is well balanced as demonstrated by the chart below showing its nutritional contribution to the recommended dietary allowances for "Women, 25 Years." This basic cereal and milk breakfast is well balanced and nutritionally efficient as demonstrated by the lowa Breakfast Studies.

recommended dietary allowances* and the nutritional contribution of a moderate low-fat breakfast

Menu: Orange Juice—4 oz.; Cereal, dry weight—1 oz.; Whole Milk—4 oz.: Sugar—1 teaspoon; Toast (white, enriched)—2 slices; Butter—5 gm. (about 1 teaspoon); Nonfat Milk—8 oz.

Natrients	Colories	Protein	Colcium	Iron	Vitomin A	Thismine	Riboflavin	Niecin	Ascorbic Acid
Totals supplied by Basic Breakfast**	503	20.9 gm.	0.532 gm.	2.7 mg.	588 LU.	0.46 mg.	0.80 mg.	3 mg.	65.5 mg
Recommended Dietary ¹ Allowances—Women, 25 Years (58 kg.—128 lb.)	2300	58 gm.	0.8 gm.	12 mg.	5000 LU.	1.2 mg.	1.5 mg.	17 mg.	70 mg.
Percentage Contributed by Basic Breakfast	21.9%	36.0%	66.5%	22.5%	11.8%	38.3%	53.3%	17.6%	93.6%

*Resised 1958, Food and Natrition Board, National Risearch Council, Washington, D.C. **Creal Institute, Inc.: Pendigat Source Book. Chicago: Greal Institute, Inc., 1958. Watt, B. K., and Marrill, A. L.: Composition of Fo

Agriculture Handbook No. 8, 1950.

The allowance levels are intended to cover individual ouristions among most normal prisons as they live in the United States under usual overteamental stresses. Calorie allowances apply to individuals asnally engaged in moderate physical activity. For office workers or others in selentary occupations they are execusive. Adjustments must be made for consistance in dealy sixy, age, physical activity, and environmental temperatures.

CEREAL INSTITUTE, INC.

135 South La Salle Street, Chicago 3

A research and educational endeavor devoted to the betterment of national nutrition

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1 child in 10

. . . born each year, may some day be a mental patient!

UNLESS ...

we have more research, clinics, and psychiatrists to cut this terrible toll!





Give! Mental Health Campaign

FIGHT CANCER

AMERICAN CANCER SOCIETY &

YOUR AIDE

ing plans; group life insurance policies; temporary disability pay; free hospital, medical, and surgical insurance; graduated vacation allowances; guaranteed annual raises; etc. In some companies, such fringe benefits are estimated to be worth as much as 40 cents an hour.

But—with some creditable exceptions—about the only fringe benefits the typical Girl Friday can expect are the following: two weeks' paid vacation per year; pay for sickness if the aide isn't absent for more than a day or two once or twice a year. That's not really very much, compared with the "extras" workers get in some other fields.

3. A higher occupational status. Figuring on an average of one-and-a-half aides per office, the nation's physicians probably employ upward of 200,000 girls. These girls would like to have some standing.

No Union for Them

They're not after a union, mind you. What they'd like is some kind of quasi-professional organization that will set standards, perhaps even work out a program of training in basic techniques.

So if there's a medical assistants' society in your area, why

290 MEDICAL ECONOMICS · FEBRUARY 16, 1959

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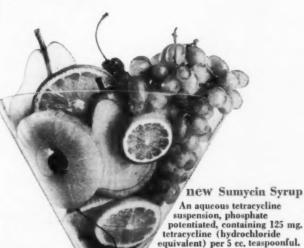
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potentiated, containing 125 mg. tetracycline (hydrochloride equivalent) per 5 cc, teaspoonful. 60 cc. bottles

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An aqueous tetracycline suspension, phosphate potentiated, containing 100 mg. tetracycline (hydrochloride equivalent) per cc. 10 cc. bottles with the new, unbreakable 'FLEXIDOSE' DROPPER

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grip-breaker in bronchospina.

CATTINE Tablets, Inhalation and Injection permit you to dear the treatment that gives the greatest relief with fewess side of CATTINE increases vital capacity more than isoproterenol.¹ In atric patients CATTINE "...was more effective than any previous cation used."² In a series of 126 patients, CATTINE brought at partial relief to 111 (88%).³

There are a few side effects, but no toxic reactions, with the a CAYTINE. No elevation of blood pressure, no adverse ECG, benatic, renal or hermatologic changes have been noted. Patient

hepatic, renal or hematologic changes have been noted. Patient accular, so experience palpitations and anxiety and should be so warned.

Ventilometric Changes & Debis the O

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Vital Capacity +1.9% +6.2%

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Vital Capacity + 4%
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Vital Capacity + 7.2%

Vital Capacity + 7.6%

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Inc., Milw

odilably effective orally, parenterally, and by inhalation



The Mentally III Can Come Back



Modern treatment can save them! Help the thousands needlessly confined in our mental hospitals!

Give... LOCALLY TO THE NATIONAL ASSOCIATION FOR MENTAL HEALTH

YOUR AIDE

not encourage your girl to belong? You might even pay her dues.

If there's no such group in your territory, you'll do well to get together with a dozen of your colleagues and collectively sel your girls on starting one. Once they've got it going, they'll take more pride in their jobs than ever before.

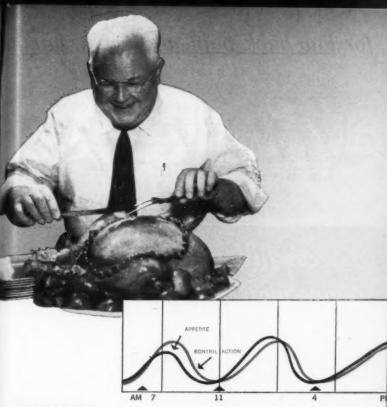
No Time for Training?

4. Better training. It isn't enough to plead that you don't have enough time to train a girl in all the tricks of her trade. The least you can do is have her oriented by somebody.

Just an idea: Why not pay some other doctor's Girl Friday (with her employer's consent, of course) to indoctrinate your new aide on her own time? It's been done. And it pays off.

5. More courtesy. From whom? From you, Doctor!

You'd be surprised if you knew how many Girl Fridays complain about their employers' manners. They tell me you're often curt to the point of rudeness. They say you're sometimes inconsiderate to the point of cruelty. They claim that "Please" and "Thank you" don't seem to figure in the busy doctor's lexicon.



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Curbs excessive desire for food Helps to ease bulk hunger Reduces nervous tension hunger

Each tablet contains:

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MUSCLE RELAXANT

91% effective

in musculoskeletal

disorders¹

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better tolerated and safer than older drugs

- Lower incidence of side effects than with zoxazolamine, methocarbamol or meprobamate.
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- No gastric irritation. Can be taken before meals.
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- No perceptible soporific effect, even in high dosage.



(4262 patients)

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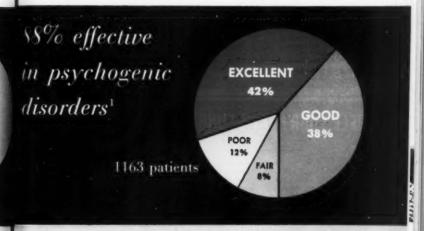
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unrelated chemically to any other therapeutic agent in current use

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he results of clinical studies of over 4092 patients by 105 physicians demontrate that Trancopal often is effective when other drugs have failed. From these tudies it is clear that Trancopal probably can provide more help for a greater umber of tense, spastic, and/or emotionally upset patients than any other harmaceutical agent in current use.¹

UPPLIED: Trancopal Caplets® (peach colored, peed) 100 mg., bottles of 100 and 1000.

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Winthrop LABORATORIE
New York 18, N. Y.

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Trancopal (brand of chlormethazanone) and Caplets, trademarks reg. U.S. Pat. Off.





YOUR AIDE

To be sure, not all the 1,000 girls I know say this. Just most of them.

Has it ever struck you that a physician is the only man in the world for whom women get up and open doors? As a doctor, you enjoy unique courtesies—and your aides begrudge you none of them. They'd merely like a bit of consideration for themselves.

I've noticed that the offices with smiling, well-trained, wellpaid, well-treated aides are the offices that run best. And that old day book proves it.

interesting part-time position

Physician wanted in New York City area to serve as editorial consultant to a group of national magazines. Work is expected to take about ten hours a month. Practicing internist or G.P. with editorial experience preferred. Salary commensurate with ability. Write Box RW, MEDICAL ECONOMICS, Oradell, New Jersey.

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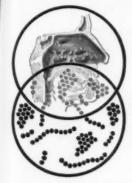
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when upper respiratory congestion is complicated by bacterial invaders

TRISULFAMINIC provides logical therapy

- for the patient ill with congestion and infection of the upper respiratory tract, as in purulent rhinitis, sinusitis, tonsillitis;
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The advantages of Trisulfaminic in upper respiratory infections include: proved effectiveness, safety, economy, ease of administration, less likelihood of sensitivity reactions or development of bacterial resistance, no development of Monilial overgrowth, compatible with antibiotics.

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Available as Tablets and Suspension for patients of all ages

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Dosage: Adults-2-4 tablets or tsp. initially, followed by 2 tablets or tsp. every 4 to 6 hours until the patient has been afebrile 3 days. Children 8-12 years old-2 tablets or tsp. initially, followed by 1 tablet or tsp. every 6 hours. Children under 8-dosage in proportion.

*Contains TRIAMINIC to



running noses



and open stuffed noses orally

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Proven in practice

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300 MEDICAL ECONOMICS · FEBRUARY 16, 1959

Am Am Am

E Bec

Cil

Index of Advertisers

Abbott Laboratories	0.7
Calcidrine Syrup	076
Calcidrine Syrup Norisodrine Placidyl 104,	200
American Cancer Society	200
American Medical Education Foundation American Optical Company	
AO Hb Meter	243
Ames Company, Inc. Uristix	. 40
Armour Pharmaceutical Company	
Arcofac	261
Sinaxar	179
Ayerst Laboratories	
Ayerst Laboratories Cothera Compound 240, Kryl 250,	241
Kryl 250,	251
Premarin	66
Baker Laboratories Inc. The	
Baker Laboratories, Inc., The Baker's Modified Milk 254,	255
Bauer & Black, Div. of The Kendall	
Company	
Elastic Stockings	235
Becton, Dickinson & Company	
Ace Rubber Elastic Bandages	116
Birtcher Corp., The Hyfrecator	263
Borden Company, The Bremil 44, 110,	160
Breon & Co., Geo. A. Demerol Compound	995
Demerol Compound	201
Bristol Labs. Azotrex 190,	191
Bristol Myers Company	
Bufferin	195
Carnrick, G. W. Bontril	200
	290
Cereal Institute, Inc. Well Balanced Breakfast	
Ciba Pharmaceutical Products, Inc. Bradosol 230, Nupercainal	
Bradosol 230.	231
Nupercainal	269
Pyribenzamine Expectorant	262
Ritalin Tablets	126
Ritalin Tablets 144, 145, 146,	147
Colwell Company, The Professional Stationery and Record	
Supplies	298
Comptometer Corporation Comptometer Commander	211
Dietene Company, The	165
Dietene	100
Eaton Laboratories	
Furadantin	225
Tricofuron Improved	245
Tricoruron improved	-40

Esta Medical Laboratories, Inc Lanesta Gel	
Flint Eaton Ferrolip	162, 163
Geigy Pharmaceutical Co. Butazolidin	23
Glenbrook Laboratories Phillips Milk of Magnesia	170
Gray Manufacturing Co.	247
Heart Association	298
Irwin, Neisler & Co. Obocell TF	129
Kinney & Company Chel-Iron	28
Lakeside Laboratories, Inc.	292, 293
Lambert Pharmacal Company Listerine Antiseptic	Div.
Lederle Laboratories Achrocidin Achromycin V Aristocort Aristocort Aristocort Stresscaps	149 59, 166, 167 47, 48, 49, 50 226, 227
Leeming & Co., Inc., Thos.	253
Metamine Sustained Lilly & Company, Eli	65
Compren Liquid Trisogel Tes-Tape Theracebrin Trinsicon V-Cillin K V-Kor	39 45 41 43 34, 35
Lloyd Brothers, Inc. Doxidan Duadacin	
McNeil Laboratories, Inc. Clistin Expectorant Parafon Parafon with Prednisolone	177
Mead Johnson Natalins Tablets	143

ED

igin mal

irk

INDEX OF ADVERTISERS

Parke. Davis & Company Myadee Pfäzer Laboratories, Div. of Chas. Pfäzer & Co. Costa-Signemycin Costa-Signemycin Costa-Tetracydin Pitala-Moore Company Ivory Novahistine LP Procter & Gamble Company Ivory Soap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Penaphen Phenaphen with Neomycin Phenaphen Phenaphen with Codeine Robitussin Robatiussin A-C Robitussin Robitussin A-C Robitussin A-C Robet Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin Madricidin 56 Madricidin 56	1111 Schmid, Jr. 206 Ramses 206 Metamuc 62 Mith-Dor 1FC Triamini 7 Triamini 7 Triasifar 10 Smith, Idi 223 Daprisal Temaril 265 Trisocort
Neo-Hydeltrasol Opthalmic Pentazets Merrell Company, The Wm. S., Bentyl Quinctin Tace National Association For Mental Health 290, National Drug Company, The Hissper-Cyclo-Massage Parke, Davis & Company Myadee Parke, Davis & Company Myadee Pfizer Laboratories, Div. of Chas. Pfizer & Co. Cosa-Signemycin 172, Cosa-Tetracydin Cosa-Tetr	1111 Schmid, Jr. 206 Ramses 206 Metamuc 62 Mith-Dor 1FC Triamini 7 Triamini 7 Triasifar 10 Smith, Idi 223 Daprisal Temaril 265 Trisocort
Neo-Hydeltrasol Opthalmic Pentazets Merrell Company, The Wm. S., Bentyl Quinctin Tace National Association For Mental Health 290, National Drug Company, The Hesper-Cyclo-Massange Parke, Davis & Company Myndee Plizer Laboratories, Div. of Chas. Pfizer & Co. Cosa-Signemycin 172, Cosa-Tetracydin Cosa-Te	1111 Schmid, Jr. 206 Ramses 206 Metamuc 62 Mith-Dor 1FC Triamini 7 Triamini 7 Triamini 7 Tussages 10 Smith, Idi 223 Daprisal Temaril 265 Trisocort
Neo-Hydeltrasol Opthalmic Pentazets Merrell Company, The Wm. S., Bentyl Quiactin Tace National Association For Mental Health National Drug Company, The Hesper-Cyclo-Massange Parke, Davis & Company Myndee Parke, Davis & Company Myndee Pfizer Laboratories, Div. of Chas. Pfizer & Co. Cosa-Signemycin Cosa-Tetracydin Cos	1111 Schmid, Jr. 206 Ramses 206 Metamuc 62 Mith-Dor 1FC Triamini 7 Triamini 7 Triamini 7 Tussages 10 Smith, Idi 223 Daprisal Temaril 265 Trisocort
Neo-Hydeltrasol Opthalmic Pentazets Merrell Company, The Wm. S., Bentyl Quinctin Tace National Association For Mental Health 290, National Drug Company, The Hesper-Cyclo-Massange Parke, Davis & Company Myndee Plizer Laboratories, Div. of Chas. Pfizer & Co. Cosa-Signemycin 172, Cosa-Tetracydin Cosa-Te	1111 Schmid, Jr. 206 Ramses 206 Metamuc 62 Mith-Dor 1FC Triamini 7 Triamini 7 Triamini 7 Tussages 10 Smith, Idi 223 Daprisal Temaril 265 Trisocort
National Association For Mental Health Per Mental Health Per Mental Drug Company, The Hesper-C Naigara Therapy Mfg. Corp. Cyclo-Massage Parke, Davis & Company Myadee Pfizer Laboratories, Div. of Chas. Pfizer & Co. Cosa-Signemycin Cosa-Tetracydin Cosa-Tetracydin Cosa-Tetracydin Cosa-Tetracydin Piman-Moore Company Novahistine LP Procter & Gamble Company Ivory Soap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen with Codeine Robaxin Robaxin Robaxin Insert between 196, Robaxin Robitussin Robitussin Robitussin Robitussin Robitussin Robitussin Robitussin A-C Raddricidin Madricidin Soa	1FC Smith-Dorn Triamini Triamini Trisulfan Tussages Tussami Smith, Kli Compazin Daprisal Temaril Trisocort Trisocort
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National Association For Mental Health Por Mental Health Por Mental Drug Company, The Hesper-C National Drug Company, The Hesper-C Ningara Therapy Mfg. Corp. Cyclo-Massage Parke, Davis & Company Myadee Pfizer Laboratories, Div. of Chas. Pfizer & Co. Cosa-Signemycin Cosa-Tetracydin Cosa-Tetracydin Cosa-Tetracydin Diabinese 120, Tyzine Troclase Pitman-Moore Company Novahistine LP Procter & Gamble Company Ivory Soap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen Phenaphen Phenaphen Robaxin Robitussin Robitussin Robitussin Robitussin Robitussin Robitussin A-C } Robache, Inc. Madricidin Soa	1FC Smith-Dorn Triamini Triamini Trisulfan Tussages Tussami Smith, Kli Compazin Daprisal Temaril Trisocort Trisocort
National Association For Mental Health Por Mental Health Por Mental Drug Company, The Hesper-C National Drug Company, The Hesper-C Ningara Therapy Mfg. Corp. Cyclo-Massage Parke, Davis & Company Myadee Pfizer Laboratories, Div. of Chas. Pfizer & Co. Cosa-Signemycin Cosa-Tetracydin Cosa-Tetracydin Cosa-Tetracydin Diabinese 120, Tyzine Troclase Pitman-Moore Company Novahistine LP Procter & Gamble Company Ivory Soap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen Phenaphen Phenaphen Robaxin Robitussin Robitussin Robitussin Robitussin Robitussin Robitussin A-C } Robache, Inc. Madricidin Soa	1FC Smith-Dor Triamini Trisulfar Tussages Tussages Tussami Smith, Kli Compazi Daprisal Temaril
National Association For Mental Health National Drug Company, The Hesper-C Niagara Therapy Mfg. Corp. Cyclo-Massage Parke. Davis & Company Myadec Pfazer Laboratories, Div. of Chas. Pfazer & Co. Cosa-Signemycin Cosa-Tetracydin Cosa-Tetracydin Cosa-Tetracydin Cosa-Tetracydin Daricon Tablets Diabinese 120, Tyzine Tyzine Tyzine Tyzine Tycines Tycines Pitman-Moore Company Novahistine LP Procter & Gamble Company Ivory Soap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Sesearch Supplies Glukor Riker Laboratories, Inc. Deanner Robins Company, Inc., A. H. Dimetane Pennaphen Phenaphen with Neomycin Phenaphen with Codeine Robitussin Robaxin Robaxin Insert between 196, Robitussin Robitussin A-C Roche Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin Madricidin 566	Triamini Triamini Trisulfar Tussages Tussami Smith, Kli 223 Compazia Daprisal Temaril Triscort
National Association For Mental Health Por Mental Health National Drug Company, The Hesper-C Niagara Therapy Mfg. Corp. Cyclo-Massage Parke, Davis & Company Myadec Pfizer Laboratories, Div. of Chas. Pfizer & Co. Cosa-Signemycin Cosa-Tetracydin Cosa-Tetracydin Cosa-Tetracydin Diabinese 120, Tyzine Toclase Pitman-Moore Company Novahistine LP Procter & Gamble Company Ivory Soap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen Phenaphen with Codeine Robaxin Robaxin Robaxin Robitussin Robitussin Robitussin Robitussin Robitussin Robitussin Robitussin Robitussin Robitussin La Roche, Inc. Madricidin	Triamini Trisulfar Tussages Tussami Smith, Kli 223 Compazi Daprisal Temaril Trisocort
For Mental Health 290, National Drug Company, The Hesper-C Ningara Therapy Mfg. Corp. Cyclo-Massage Parke, Davis & Company Myadec Pfizer Laboratories, Div. of Chas. Pfizer & Co. Cosa-Signemycin 172, Cosa-Tetracydin Company Novahistine LP Procter & Gamble Company Ivory Soap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Tarcortin Tarcortin Tarc	294 Trisulfar Tussages Tussami Smith, Kli 223 Compazi Daprisal Temaril Trisocort
National Drug Company, The Hesper-C Niagara Therapy Mfg. Corp. Cyclo-Massage Parke, Davis & Company Myadec Pfazer Laboratories, Div. of Chas. Pfazer & Co. Cosa-Signemycin Cosa-Tetracydin Cosa-Tetracydin Daricon Tablets Diabinese 120, Tyzine Pfitman-Moore Company Novahistine LP Procter & Gamble Company Ivory Soap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Deaner Robins Company, Inc., A. H. Dimetane Phenaphen Phenaphen with Codeine Phenaphen Phenaphen with Codeine Robitussin Robituss	Tussages Tussami Smith, Kli 223 Compazii Daprisal Temaril Trisocort
National Drug Company, The Hesper-Kerapy Mfg. Corp. Cyclo-Massage Parke, Davis & Company Myndee Pfizer Laboratories, Div. of Chas. Pfizer & Co. Cosa-Signemyein Cosa-Tetracydin Cosa-Tetracydin Cosa-Tetracydin Daricon Tablets Diabinese Tyzine Toclase Tyzine Toclase Tyzine Toclase Tyzine Toclase Tyzine Pitman-Moore Company Novahistine LP Proter & Gamble Company Ivory Soap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deanner Robins Company, Inc., A. H. Dimetane Denner Robins Company, Inc., A. H. Dimetane Phenaphen Phenaphen with Codeine Phenaphen Phenaphen with Codeine Robitussin Robitussin Robitussin Robitussin A-C Roche Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin 56 Madricidin 56 Madricidin 56	Tussages Tussami Smith, Kli Compazi Daprisal Temaril Trisocort
Parke. Davis & Company Myadec Pfizer Laboratories, Div. of Chas. Pfizer & Co. Cosa-Signemycin Cosa-Tetracydin Toclase Pitman-Moore Company Novahistine LP Procter & Gamble Company Ivory Sonp Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Fasearch Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen Phenaphen with Codeine Robitussin Phenaphen with Codeine Robitussin Robaxin Robaxin Robixussin Robixussin Robixussin Robixussin Robixussin Robixussin Robixussin Robitussin A-C Robitussin	Smith, Kli Compazi Daprisal Temaril Trisocort
Parke. Davis & Company Myadec Pfizer Laboratories, Div. of Chas. Pfizer & Co. Cosa-Signemycin Cosa-Tetracydin Toclase Pitman-Moore Company Novahistine LP Procter & Gamble Company Ivory Sonp Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Fasearch Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen Phenaphen with Codeine Robitussin Phenaphen with Codeine Robitussin Robaxin Robaxin Robixussin Robixussin Robixussin Robixussin Robixussin Robixussin Robixussin Robitussin A-C Robitussin	223 Compazi Daprisal Temaril Trisocort
Parke. Davis & Company Myadec Pfizer Laboratories, Div. of Chas. Pfizer & Co. Cosa-Signemycin Cosa-Tetracydin Toclase Pitman-Moore Company Novahistine LP Procter & Gamble Company Ivory Sonp Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Fasearch Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen Phenaphen with Codeine Robitussin Phenaphen with Codeine Robitussin Robaxin Robaxin Robixussin Robixussin Robixussin Robixussin Robixussin Robixussin Robixussin Robitussin A-C Robitussin	Daprisal Temaril Trisocort
Myndec Myndec Myndec Pfizer & Co. Pfizer & Co. Cosa-Signemycin 172, Cosa-Tetracydin Cosa-Tetracydin Cosa-Tetracydin Cosa-Tetracyn Daricon Tablets Diabinese 120, Tyzine Toclase Tyzine Toclase Pitman-Moore Company Novahistine LP Procter & Gamble Company Ivory Sonap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Tarcortin Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deanner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen with Codeine Phenaphen with Codeine Phenaphen with Codeine Robixin Robi	265 Trisocort
Myndec Myndec Myndec Pfizer & Co. Pfizer & Co. Cosa-Signemycin 172, Cosa-Tetracydin Cosa-Tetracydin Cosa-Tetracydin Cosa-Tetracyn Daricon Tablets Diabinese 120, Tyzine Toclase Tyzine Toclase Pitman-Moore Company Novahistine LP Procter & Gamble Company Ivory Sonap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Tarcortin Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deanner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen with Codeine Phenaphen with Codeine Phenaphen with Codeine Robixin Robi	265 Trisocort
Pfizer Laboratories, Div. of Chas. Pfizer & Co. Cosa-Signemycin Cosa-Tetracydin Cosa-Tetracydin Daricon Tablets Diabinese 120, Tyzine Toclase Pitman-Moore Company Novahistine LP Procter & Gamble Company Ivory Soap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin No-Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen Phenaphen Phenaphen Robaxin Robaxin Robitussin Robi	200
Pfixer & Co. Cosa-Signemycin Cosa-Tetracydin Cosa-Tetracydin Cosa-Tetracydin Cosa-Tetracyn Daricon Tableta Diabinese Tyzine Toclase Tyzine Toclase Toclas	Spencer In
Cosa-Signemycin Cosa-Tetracydin Cosa-Tetracydin Daricon Tableta Diabineae Tyzine Toclase Timan-Moore Company Novahistine LP Procter & Gamble Company Ivory Soap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Neo-Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen Phenaphen Phenaphen Robaxin Robaxin Robaxin Robitussin Robit	Glow-Lit
Cosa-Tetracydin Cosa-Tetracydin Cosa-Tetracyn Daricon Tablets Diabineae 120, Tyzine Toclase To	173 Squibb & S
Cosa-Tetracyn Daricon Tablets Diabineae Tyzine Tyzine Toclase	20 Kenacort
Tyzine Toclase Pitman-Moore Company Novahistine LP Procter & Gamble Company Ivory Soap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Tarcortin Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Desner Robins Company, Inc., A. H. Domnagel with Neomycin Phenaphen Phenaphen with Codeine Robaxin Robaxin Robaxin Robaxin Robitussin Robitussin Phenaphen Robitussin Robitu	300 Mysteclir
Tyzine Toclase Pitman-Moore Company Novahistine LP Procter & Gamble Company Ivory Soap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Tarcortin Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Desner Robins Company, Inc., A. H. Domnagel with Neomycin Phenaphen Phenaphen with Codeine Robaxin Robaxin Robaxin Robaxin Robitussin Robitussin Phenaphen Robitussin Robitu	68 Novo-Ba 121 Novogra
Pitman-Moore Company Novahistine LP Procter & Gamble Company Ivory Soap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin } Neo-Tarcortin } Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen with Codeine Robaxin Robaxin Robaxin Robaxin A-C Robitussin Robitussin Robitussin Robitussin Robitussin Robitussin Robitussin A-C Robitussin Robitussin Robitussin Robitussin A-C Robitussin Robitussin Robitussin A-C Robitussin	Pentids '
Pitman-Moore Company Novahistine LP Procter & Gamble Company Ivory Soap Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin } Neo-Tarcortin } Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen with Codeine Robaxin Robaxin Robaxin A-C Robitussin A-C Robitussin A-C Robitussin A-C Robitussin A-C Robitussin A-C Robatane Robitussin A-C Robatane R	193 Sumycin
Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen Phenaphen Phenaphen Hobaxin Robaxin Robitussin Robitussin Robitussin Robitussin Robet Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin Madricidin 566 Maddribon Red & Carnrick Adokeeping System Robaxin Robaxin Robaxin Robitussin Robitussin Robet Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin 566 Madribon Robadin Second Red Red Red Red Red Red Red Red Red Re	Standard I
Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen Phenaphen Phenaphen Hobaxin Robaxin Robitussin Robitussin Robitussin Robitussin Robet Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin Madricidin 566 Maddribon Red & Carnrick Adokeeping System Robaxin Robaxin Robaxin Robitussin Robitussin Robet Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin 566 Madribon Robadin Second Red Red Red Red Red Red Red Red Red Re	187 Veracola
Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen Phenaphen Phenaphen Hobaxin Robaxin Robitussin Robitussin Robitussin Robitussin Robet Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin Madricidin 566 Maddribon Red & Carnrick Adokeeping System Robaxin Robaxin Robaxin Robitussin Robitussin Robet Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin 566 Madribon Robadin Second Red Red Red Red Red Red Red Red Red Re	101
Professional Printing Company, Inc. Histacount Bookkeeping System Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen Phenaphen Phenaphen Hobaxin Robaxin Robitussin Robitussin Robitussin Robitussin Robet Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin Madricidin 566 Maddribon Red & Carnrick Adokeeping System Robaxin Robaxin Robaxin Robitussin Robitussin Robet Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin 566 Madribon Robadin Second Red Red Red Red Red Red Red Red Red Re	BC U. S. Vita
Reed & Carnrick Alphosyl Lotion Tarcortin Neo-Tarcortin Neo-Tarcortin Neo-Tarcortin Research Supplies Glukor Riker Laboratories, Inc. Deaner Laboratories, Inc. Deaner 215, 217, Donnagel with Neomycin Phenaphen with Codeine Phenaphen with Codeine Robaxin Robaxin Robaxin Robitussin Robitussin Robitussin Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin 56	Arlidin 32 United Fun
Alphosyl Lotion Tarcortin 46. Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane 215, 217, Donnagel with Neomycin Phenaphen with Codeine Robaxin Insert between 196, Robitussin A-C Robitussin A-C Robitussin A-C Robaxin A-C Robitussin A-C Robaxin A-C Robitussin A-C Robitussin A-C Robitussin A-C Robaxin A-C Robitussin A-C Robitusi	United Sta
Tarcortin	Low Sod
Research Supplies Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane 215, 217, Donnagel with Neomycin Phenaphen with Codeine Robaxin Insert between 196, Robitussin A-C Robitussin A-C Robe Laboratories, Robaxin Insert between 196, Robitussin A-C Robitussin A-C Robe Laboratories, Madricidin 566 Madribon \$266.	157 Upjohn Co
Research Supplies Glukor Riker Laboratories, Inc. Desner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen Phenaphen with Codeine Robaxin Robaxin Robitussin Robitussin A-C { Roche Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin 56 Madricidin 56 Madricidon }	224 Medrol .
Glukor Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane 215, 217, Donnagel with Neomycin Phenaphen with Codeine Robaxin Robaxin Insert between 196, Robitussin A-C Roche Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin 56 Madricidin 56 Madricidon 2866	Orinase
Riker Laboratories, Inc. Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen with Codeine Robaxin Robaxin Robaxin Robitussin Robi	000
Deaner Robins Company, Inc., A. H. Dimetane Donnagel with Neomycin Phenaphen with Codeine Robaxin Robitussin Robitussin A-C Roche Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin Madricidin 56 Madribon 215, 217, 215, 217, 216, 217, 217, 218, 217, 218, 217, 218, 217, 218,	228 Wallace La
Robins Company, Inc., A. H. Dimetane 215, 217, Donnagel with Neomycin Phenaphen Phenaphen with Codeine Robaxin Robaxin Insert between 196, Robitussin 4-C Robitussin A-C Ro	Deprol
Donnagel with Neomycin Phenaphen with Codeine Robaxin Robaxin Robitussin Robitussin Robitussin LaBoratories, Div. of Hoffmann- LaRoche, Inc. Madricidin Madricidn 56	135 Milpath Miltown
Donnagel with Neomycin Phenaphen Phenaphen with Codeine Robaxin Robaxin Robitussin Robitussin Robitussin A-C Roche Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin Madricidin Madricidin Madricidin Madricidin	219 Warner-Ch
Phenaphen Phenaphen with Codeine Robaxin Robaxin Insert between 196, Robitussin A-C Roche Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin 56 Madribon 266	273 Anusol-H
Robaxin Insert between 196, Robitussin A-C Robitussin A-C Roche Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin 56 Madribon } 266	107 Mucotin
Robaxin Insert between 196, Robitussin A-C Robitussin A-C Roche Laboratories, Div. of Hoffmann- LaRoche, Inc. Madricidin 56 Madribon } 266	197 Proloid
LaRoche, Inc. Madricidin 56 Madribon } 286	196 Tedral .
LaRoche, Inc. Madricidin 56 Madribon } 286	
LaRoche, Inc. Madricidin 56 Madribon } 286	197 White Lab
LaRoche, Inc. Madricidin 56 Madribon } 286	197 White Lab Delectavi
266	197 White Lab Delectavi Otobiotic
266	
266	
Muludan 200 Canada	Whitehall Bisodol I
Notudar and Capsules 106	Whitehall 57 Bisodol I Winthrop
Noludar 300 Capsules 106, Romilar CF	Whitehall 57 Bisodol I Winthrop
Koniacol	Whitehall Bisodol I Winthrop Trancopa Wyeth Lab
Roerig & Co., Inc., J. B.	Whitehall Bisodol I Winthrop Trancopa 107 Wyeth Lab 259 Cyclamyc Equanitr
Roerig & Co., Inc., J. B. Bonadoxin	Whitehall Bisodol I Winthrop Trancopa 107 Wyeth Lab 259 Cyclamyc 61
Rorer, Inc., Wm. H. Maalox	Whitehall 57 Bisodol I Winthrop Trancopa 107 Wyeth Lab 259 Cyclamyc 61 Equanitr Polymagr
Maalox	Whitehall 57 Bisodol I Winthrop Trancopa 107 Wyeth Lab 259 Cyclamyc 61 Equanitr Polymagr
	Whitehall 57 Bisodol I Winthrop Trancopa 107 Wyeth Lab 259 Cyclamyc 61 Equanitr Polymagr
Sanborn Company Model 300 Visette Electrocardiograph	Whitehall 57 Bisodol I Winthrop Trancopa 107 Wyeth Lab 259 Cyclamyc 61 Equanitr Polymagr

Sandoz Pharmaceuticals Belladenal Spacetabs	105
Cabasina Composition	
Corilin Infant Liquid	205
Demazin	
Prantal Sigmagen	114, 188
Schmid Inline Inc	
Ramses	24, 175
Searle & Co., G. D.	
Metamucil	100, 101
Smith-Dorsey	
Triaminic	131
Triaminicol Syrup	109
I FISUITAMIINE	
Tussagesic	132
Tussaminic	143
Smith, Kline & French Laborator	ies
Compazine	_140, 141
Daprisal	184
Temaril	
Trisocort	128
Spencer Industries	anu
Glow-Lite Signs	298
Squibb & Sons, E. R. Kenacort	103
Kenacort Mysteclin V	201
Novo-Basic	201
Novo-Basic	26
Novogran Pentids '400'	8
Sumyein	291
Standard Laboratories, Inc.	
Veracolate	12, 152
U. S. Vitamin Corporation	
U. S. Vitamin Corporation Arlidin	220, 221
United Funds	224
United Funds United States Brewers Foundation	, Inc.
Low Sodium Diet	60
Upjohn Company, The	
Low Sodium Diet Upjohn Company, The Medrol Orinase	53
Orinase	158, 159
W. H T. L	
Wallace Laboratories Deprol	209
Milpath	202
Miltown	270
Warner-Chileott Laboratories	610
Warner-Chilcott Laboratories Anusol-HC Mucotin	125
Mucotin	185
Proloid	64
Tedral	14
White Laboratories, Inc.	
Delectavites	189
Otobiotic Ear Drops	6
Vitamin A & D Ointment Whitehall Laboratories	25
Whitehall Laboratories	7.40
Bisodol Mints	142
Transport Laboratories	906 907
Whitehall Laboratories Bisodol Mints Winthrop Laboratories Trancopal Wyeth Laboratories	200, 291
Wyeth Laboratories Cyclamycin	287
Equanitrate	155
Equanitrate Polymagma	100
Prozine	202 203
Prozine Sparine Hydrochloride	115
Zactirin	249
-	
Zenith Radio Corporation	
Hearing Aids	27

for a

Host de success tion—a tion pla process and C activity endocri tion, 1 a





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LEBERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pour River, New York

MEDICAL ECONOMICS · FEBRUARY 16, 1959 303

, 188 , 175

. 101

Memo

From the Editors

Coming in March

Have you ever wished you could fire a few personal questions at a malpractice lawyer like Melvin Belli? Acting in your behalf, MEDI-CAL ECONOMICS has just done so. Result: a remarkable interview with the plaintiffs' attorney who has taken the most doctors to court. Look for it next month in MEDICAL ECONOMICS.

This interview illustrates a prime function of MEDICAL ECONOMICS: to corner interesting people you don't usually get a chance to talk with; to ask them the pointed questions you'd ask if you were there; and then to print the answers.

In the three March issues of this magazine, you'll see many examples of how this technique serves your interests. For instance:

Suppose you had a chance to talk privately for several hours with a topnotch business forecaster. You'd like him to forecast your own business future. At least you'd like to know what's immediately ahead in the way of earnings, expenses, and income taxes.

Well, MEDICAL ECONOMICS has arranged just such a forecast of "Your Practice Ten Years From Now." The figures are startlingbut they come from no crystal ball. Rather, they're logical extensions of current trends in the economics of medicine.

Another type of person you could learn a lot from-if you could ever get him into an evening's conversation—is an Internal Revenue agent. You'd ask him things like "How do you decide which tax returns to investigate?" and "What items on a doctor's return are most likely to catch your eve?"

Here, again, MEDICAL ECONOMics has done the job for you. It has located a recently retired revenue agent, talked with him at length about his experiences with doctors and put them into a special article that will reach you just before taxreturn time.

Sometimes your questions can be answered authoritatively by any one person. In such cases, MEDICAL ECONOMICS interviews many authorities or even surveys them all It did this recently in a study of management services for doctors If you've wondered about the value, cost, or availability of such services, a three-part . MEDICAL ECONOMICS report in March will give you the straight facts you need.